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Paycheck Protection Program Borrower Application Form

| OMB Control No.: 3245-04 | 407 |
|---------------------------|-----|
| Expiration Date: 09/30/20 | 020 |

| MISTRA | | | | • | | | | | | | | |
|---|------------------------------------|----------------------------------|--------------------------|--|------------------|------------|--|-------------|-------------|--------|---------|-----|
| Check One: ☐ Sole proprietor ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ LLC ☐ Independent contractor ☐ Eligible self-employed individual ☐ 501(c)(3) nonprofit ☐ 501(c)(19) veterans organization ☐ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ☐ Other | | | | | | DI | BA or Tradei | name if Ap | plicab | le | | |
| | | | Legal Nar | ne | | | | | | | | |
| | | | 1 LLC | | | | D · COINT | (EINI CON) | l n | • | DI | |
| | | | ss Address | | | | Business TIN | | | | Phone | |
| | | 1700 361 | th Ave | e SVV | | | | 7509 | 20693 | | | |
| | | | | | | | Primary (| | | | ddress | |
| | | | | | | | Eric Sh | ibley | ers981 | 26@ | gmail.c | om |
| Average Month | ly Payroll: | \$ 328 | 000 | x 2.5 + EIDL, M Advance (if App Equals Loan Re | plicable) | \$8 | 20000 | Number of | of Employe | ees: 2 | 41 | |
| Purpose of the l | oan | | | | • | | | | | | | |
| (select more tha | an one): | Payroll | Leas | e / Mortgage Inter | rest 🗖 Utilitie | s 🔳 | Other (explain) | employee | benefits | | | |
| List all owners o | f 20% or more | e of the equity | y of the A | Applicant Own | _ | if nec | essary. | | | | | |
| | wner Name | | | Title | Ownership % | TI | IN (EIN, SSN) | | Addre | | | |
| Eric R Shib | ley | | Manag | ger | 100 | | -524 4 | 4700 36t | th Ave S | SW | Seatt | e 🖺 |
| | | | | | | | | | | | | |
| <u>If question</u> | ıs (1) or (2) be | elow are answ | vered "Ye | s," the loan will n | ot be approved | <u>l.</u> | | | | | | |
| | | | | Question | | | | | | | Yes | No |
| | rily excluded f | | | ant presently suspensis transaction by a | | | | | | | | |
| guarante | | SBA or any o | | ant, or any busines eral agency that is | | | | | | | | ■ |
| | | | | ant an owner of an describe the relati | | | | | | other | | |
| | | | | ic Injury Disaster as addendum B. | Loan between | Janua | ry 31, 2020 and | April 3, 20 | 20? If yes, | | | |
| <u>If question</u> | s (5) or (6) ar | e answered " | Yes," the | loan will not be a | pproved. | | | | | | | |
| | | | | Question | | | | | | Yes | No | |
| to an ir brough | ndictment, crir t in any jurisd | ninal informatiction, or pres | tion, arra sently inc | dividual owning 2 ignment, or other arcerated, or on property of the control of t | means by which | h forn | | | ct | | | ij |
| Initial 1 | here to confirm | n your respon | ise to que | stion $5 \rightarrow \frac{\text{ers}}{}$ | | | | | | | | |
| been co placed | onvicted; 2) pl on any form o | eaded guilty; of parole or pr | 3) pleade obation (| the Applicant (if a ed nolo contendere including probation | e; 4) been place | d on p | pretrial diversion | | 1 | | |] |
| Initial 1 | here to confirr | n your respon | ise to que | $stion 6 \rightarrow ers$ | | | | | | | | |
| | United States t ant's payroll c | | | esidence for all em | nployees of the | Appli | cant included in | n the | | | |] |
| 8. Is the A | Applicant a fra | nchise that is | listed in | the SBA's Franch | ise Directory? | CR2 Gov | 5. v. Shib 20-174 JCC vernment E nitted | | No. 5 | | • |] |

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Paycheck Protection Program Borrower Application Form

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

- The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.
- **Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.**
- The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.
- The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.
- I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.
- During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.
- I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

| Eric Ryan Shibley Digitally signed by Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00' | 04/20/2020 |
|---|------------|
| Signature of Authorized Representative of Applicant | Date |
| Eric R Shibley | 04/20/2020 |
| Print Name | Title |

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Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial

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Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

| | - [| | 7 5 | 0 | 9 | Repo | rt for this Quarter of 20: | 20 | |
|--|--|---|--|--|--------------|---|--|-----|----|
| | identification number (EIN) | | | | | | lanuary, February, March | | |
| Name (no | ot your trade name) SS1 LLC | | | | = | 2: / | April, May, June | | ı |
| Trade na | ame (if any) | | | | | 3: J | July, August, September | | |
| Address | 4700 36th Ave SW | | | | | _ | October, November, Decem | per | |
| | Number Street | | | 98126 | Der | Go to w | vww.irs.gov/Form941 for tions and the latest informat | on. | |
| | Seattle | | A | ZIP code | - ' | No. | | | _ |
| | | | | | | | | | |
| | Foreign country name | Foreign province/cou | inty For | eign poetal o | ode | | | | |
| ead the | separate instructions before you comp | lete Form 941. Typ | e or print wi | thin the b | oxes. | | | _ | _ |
| art 1: | Answer these questions for this | | | tion for t | he nav neric | d | | | |
| 1 Ni | umber of employees who received was cluding: Mar. 12 (Quarter 1), June 12 (| ages, tips, or other Quarter 2), Sept. 12 | 2 (Quarter 3) | , or Dec. | 12 (Quarter | 1 1 | 41 | | |
| | | | | | | . 2 | 656,000 | | 00 |
| | /ages, tips, and other compensation | | | | | 1 | 0 | | 00 |
| 3 F | ederal income tax withheld from wag | ges, tips, and othe | r compensa | ation . | | . 3 | 0 | • | 00 |
| 4 If | no wages, tips, and other compensa | ation are subject to | o social sec | curity or I | Medicare ta: | . [| Check and go to line | 5. | |
| | | Column 1 | | | Column 2 | | | | |
| | | <pre><pre></pre></pre> | nn | | 81344 | . 00 | | | |
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| | axable social security wages | 656000. | - | | | | | | |
| 5b T | | | × 0.12 | 24 = | 1885 | | | | |
| 5b T 5c T 5d T | axable social security tips 'axable Medicare wages & tips 'axable wages & tips subject to | | × 0.12 | 24 = 29 = | | | | | |
| 5b T 5c T 5d T | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding | 656000 | × 0.12 | 24 = 29 = | | . 00 | 83229 | | 00 |
| 5b T 5c T 5d T | axable social security tips 'axable Medicare wages & tips 'axable wages & tips subject to | 656000 | × 0.12 | 24 = 29 = | | . 00 | 83229 | | 00 |
| 5b T 5c T 5d T A 5e A | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding | 656000 a | × 0.12 | 24 = 29 = 29 = 200 | 1885 | . 00 | 83229 | | 00 |
| 5b T. 5c T 5d T A 5e A 5f S | axable social security tips axable Medicare wages & tips axable wages & tips subject to additional Medicare Tax withholding add Column 2 from lines 5a, 5b, 5c, a section 3121(q) Notice and Demand— | 656000 and 5d | × 0.13 00 × 0.03 × 0.00 | 24 = 29 = 29 = 200 | 1885 | . 00 | 83229 83229 | | |
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| e (not your trade name) | | | | Employer | 950217 dentification number (EIN) |
|---|--|---|--|---|--|
| | | | | | 7509 |
| 1 LLC | | - chadula and | tax liability for this quarter. | | |
| you are unsure abo | nt your deposit ut whether you | are a monthly | schedule depositor or a semi | weekly schedule | depositor, see section 11 |
| f Pub. 15. 16 Check one: | incur a \$100,00 line 12 on this depositor, comp Part 3. | return is \$100,000 plete the deposit s | or more, you must provide a reco chedule below; if you are a semiwe | ord of your federal to seldy schedule depo | ter was less than \$2,500, and you didn't the prior quarter was less than \$2,500 bit tax listellty. If you are a monthly schedule sitor, attach Schedule B (Form 941). Go to |
| × | You were a r | monthly schedu quarter, then g | ale depositor for the entire quoto part 3. | uarter. Enter your | tax liability for each month and total |
| | Tax liability: | Month 1 | 41614 • 50 | | |
| | | Month 2 | 41614 • 50 | | |
| | | Month 3 | | | |
| | Total liability for | | 83229 • 00 | | |
| | | iwaakhi sal | nedule depositor for any part niweekly Schedule Depositors, | of this quarter. and attach it to F | Complete Schedule B (Form 941), orm 941. |
| art 3: Tell us abo | | | on does NOT apply to your b | | |
| 17 If your business | | | | | Check here, and |
| 17 If your business | s has closed or | you stopped p | aying magoo | | |
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| 18 If you are a sea | sonal employe | r and you don't | have to file a return for every | quarter of the y | ear Check here. |
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| e Employer identification | number (EIN) 7509 | | 3 Social security wages 5380 | | 6671 | | |
| f Employer's name | 7509 | | 5 Medicare wages and tips | 6 Medicare tax withheld | 1560 | | |
| SS1 LLC | | | 7 Social security tips | 8 Allocated tips | | | |
| | | | 9 | 10 Dependent care benefits | | | |
| 4700 36th Ave SW Seattle WA | | | 11 Nonqualified plans | 12a Deferred compensation | | | |
| g Employer's address and h Other EIN used this year | | | 13 For third-party sick pay use only | 12b | | | |
| | tate ID number 604-183-433 | | 14 Income tax withheld by payer of thi | rd-party sick pay | | | |
| WA 16 State wages, tips, etc. | | netax | 18 Local wages, tips, etc. | 19 Local income tax | | | |
| Employer's contact per | son | | Employer's telephone number 206-938-4291 | For Official Use Only | | | |
| Eric R Shibley Employer's fax number | | | Employer's email address | | | | |
| | 206-260-1412 | | shibleenyc@yahoo.com | | | | |
| Inder penalties of perjury | eclare that I have exam | nined this return | n and accompanying documents, and, to the best of | 04/ | 22/202020 | | |
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Form W-3 Transmittal of Wage and Tax

2019

Department of the Treasury Internal Revenue Service

Statements

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

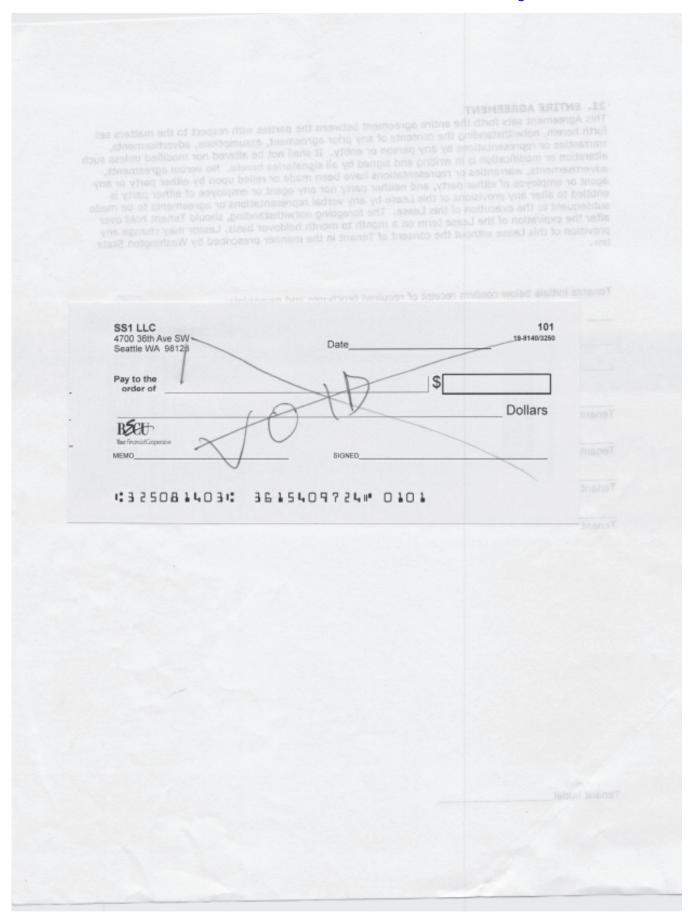
The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free

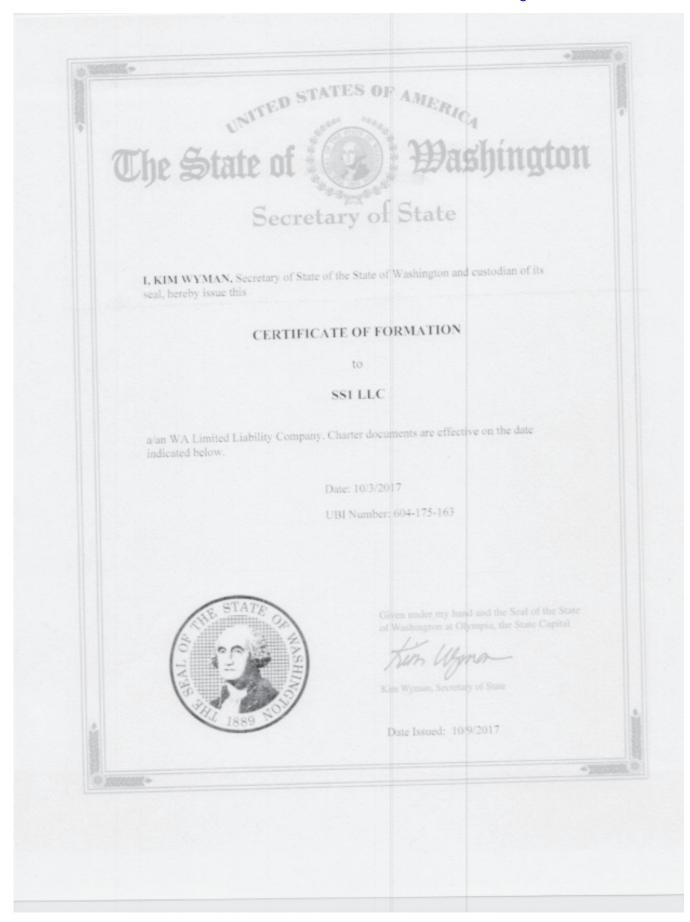
e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted

by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Login."





IRS DEPARTMENT OF THE TREASURY CINCINNATI OH 45999-0023

SS1 4700 36TH AVE SW SEATTLE, WA 98126 Date of this notice: 04-20-2020

Employer Identification Number: 7509

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 7509. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 04/30/2020 Form 940 01/31/2021 Form 1120 04/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A

04-20-2020 SS1 B 999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

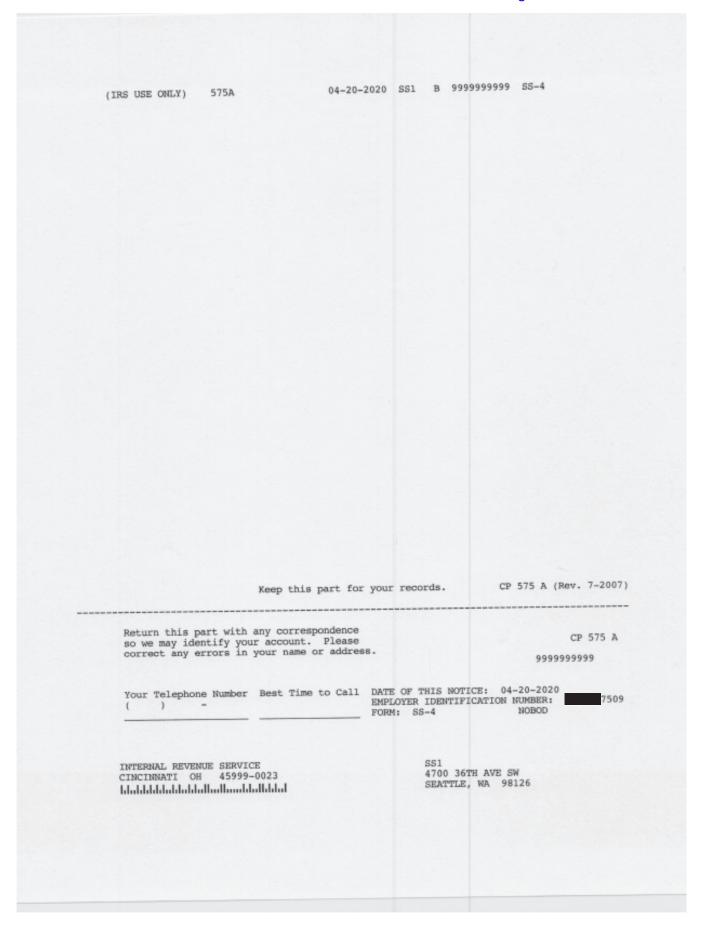
- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SS1. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Case 2:20-cr-00174-JCC Document 137-3 Filed 11/26/21 Page 12 of 84



Operating Agreement

SS1 LLC, a Washington Limited Liability Company

THIS OPERATING AGREEMENT of SS1LLC (the "Company") is entered into as of the date set forth on the signature page of this Agreement by each of the Members listed on Exhibit A of this Agreement.

- A. The Members have formed the Company as a Washington limited liability company under the Washington Limited Liability Company Act. The purpose of the Company is to conduct any lawful business for which limited liability companies may be organized under the laws of the state of Washington. The Members hereby adopt and approve the certificate of formation of the Company filed with the Washington Secretary of State.
- B. The Members enter into this Agreement to provide for the governance of the Company and the conduct of its business, and to specify their relative rights and obligations.

ARTICLE 1: DEFINITIONS

Capitalized terms used in this Agreement have the meanings specified in this Article1 or elsewhere in this Agreement and if not so specified, have the meanings set forth in the Washington Limited Liability Company Act.

"Agreement" means this Operating Agreement of the Company, as may be amended from time to time.

"Capital Account" means, with respect to any Member, an account consisting of such Member's Capital Contribution, (1) increased by such Member's allocated share of income and gain, (2) decreased by such Member's share of losses and deductions, (3) decreased by any distributions made by the Company to such Member, and (4) otherwise adjusted as required in accordance with applicable tax laws.

"Capital Contribution" means, with respect to any Member, the total value of (1) cash and the fair market value of property other than cash and (2) services that are contributed and/or agreed to be contributed to the Company by such Member, as listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement.

"Exhibit" means a document attached to this Agreement labeled as "Exhibit A," "Exhibit B," and so forth, as such document may be amended, updated, or replaced from time to time according to the terms of this Agreement.

"Manager" means each Person who has authority to manage the business and affairs of the Company pursuant to this Agreement; such Persons are listed on Exhibit B, as may be updated from time to time according to the terms of this Agreement. A Manager may be, but is not required to be, a Member.

"Member" means each Person who acquires Membership Interest pursuant to this Agreement. The Members are listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement. Each Member has the rights and obligations specified in this Agreement.

"Membership Interest" means the entire ownership interest of a Member in the Company at any particular time, including the right to any and all benefits to which a Member may be eJ1titled as provided in this Agreement and under the Washington Limited Liability Company Act, together with the obligations of the Member to comply with all of the terms and provisions of this Agreement.

"Ownership Interest" means the Percentage Interest or Units, as applicable, based on the manner in which relative ownership of the Company is divided.

"Percentage Interest" means the percentage of ownership in the Company that, with respect to each Member, entitles the Member to a Membership Interest and is expressed as either:

A. If ownership in the Company is expressed in terms of percentage, the percentage set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement; or

- B. If ownership in the Company is expressed in Units, the ratio, expressed as a percentage, of:
 - the number of Units owned by the Member (expressed as "MU" in the equation below) divided by

"Person" means an individual (natural person), partnership, limited partnership, trust, estate, association, corporation, limited liability company, or other entity, whether domestic or foreign.

"Units" mean, if ownership in the Company is expressed in Units, units of ownership in the Company, that, with respect to each Member, entitles the Member to a Membership Interest which, if applicable, is expressed as the number of Units set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement.

ARTICLE 2: CAPITAL CONTRIBUTIONS, ADDITONAL MEMBERS, CAPITAL ACCOUNTS AND LIMITED LIABILITY

- 2.1 Initial Capital Contributions . The names of all Members and each of their respective addresses, initial Capital Contributions, and Ownership Interests must be set forth on Exhibit A. Each Member has made or agrees to make the initial Capital Contribution set forth next to such Membel's name on Exhibit A to become a Member of the Company.
- 2.2 Subsequent Capital Contributions. Members are not obligated to make additional Capital Contributions unless unanimously agreed by all the Members. If subsequent Capital Contributions are unanimously agreed by all the Members in a consent in writing, the Members may make such additional Capital Contributions on a pro rata basis in accordance with each Member's respective Percentage Interest or as otherwise unanimously agreed by the Members.

2.3 Additional Members.

- A. With the exception of a transfer of interest (1) governed by Article 7 of this Agreement or (2) otherwise expressly authorized by this Agreement, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.
- B. Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instrun1ents, in the form and containing the information required by the Company, that the Managers deem necessary or desirable. Membership Interests of new Members will be allocated according to the terms of this Agreement.
- 2.4 Capital Accounts. Individual Capital Accounts must be maintained for each Member, unless (a) there is only one Member of the Company and (b) the Company is exempt according to applicable tax laws. Capital Accounts must be maintained in accordance with all applicable tax laws.
- 2.5 Interest. No interest will be paid by the Company or otherwise on Capital Contributions or on the balance of a Member's Capital Account.
- 2.6 Limited Liability; No Authority. A Member will not be bound by, or be personally liable for, the expenses, liabilities, debts, contracts, or obligations of the Company, except as otherwise provided in this Agreement or as required by the Washington Limited Liability Company Act. Unless expressly provided in this Agreement, no Member, acting alone, has any authority to undertake or assume any obligation, debt, or responsibility, or otherwise act on behalf of, the Company or any other Member.

ARTICLE 3: ALLOCATIONS AND DISTRIBUTIONS

3.1 Allocations. Unless otherwise agreed to by the unanimous consent of the Members any income, gain, loss, deduction, or credit of the Company will be allocated for accounting and tax purposes on a pro rata basis in proportion to the respective Percentage Interest held by each Member and in compliance with applicable tax laws. I'

- 3.2 Distributions. The Company will have the right to make distributions of cash and property to the Members on a pro rata basis in proportion to the respective Percentage Interest held by each Member. The timing and amount of distributions will be determined by the Managers in accordance with the Washington Limited Liability Company Act.
- 3.3 Limitations on Distributions. The Company must not make a distribution to a Member if, after giving effect to the distribution:
- A. The Company would be unable to pay its debts as they become due in the usual course of business; or
- B. The fair value of the Company's total assets would be less than the sum of its total liabilities plus the amount that would be needed, if the Company were to be dissolved at the time of the distribution, to satisfy the preferential rights upon dissolution of Members, if any, whose preferential rights are superior to those of the Members receiving the distribution.

ARTICLE 4: MANAGEMENT

4.1 Management.

- A. Generally. Subject to the terms of this Agreement and the Washington Limited Liability Company Act, the business and affairs of the Company will be managed by the Board of Managers, as further described below. The Members initially nominate and elect the Person(s) set forth on Exhibit B to serve as the Manager(s) of the Company. The Managers will act under the direction of the Members and may be elected or removed at any time, for any reason or no reason, by the Members holding a majority of the Voting Interest of the Company. Exhibit B must be amended to reflect any changes in Managers.
- B. Approval and Action. Unless greater or other authorization is required pursuant to this Agreement or under the Washington Limited Liability Company Act for the Company to engage in an activity or transaction, all activities or transactions must be approved by a majority of Managers, to constitute the act of the Company or serve to bind the Company, but if the Managers cannot reach a majority vote, the dispute will be submitted to the Members to be resolved by the affirmative vote of the Members holding at least a majority of the Voting Interest of the Company. With such approval, the signature of any Managers authorized to sign on behalf of the Company is sufficient to bind the Company with respect to the matter or matters so approved.

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Without such approval, no Managers acting alone may bind the Company to any agreement with or obligation to any third party or represent or claim to have the ability to so bind the Company.

- C. Certain Decisions Requiring Greater Authorization. Notwithstanding clause B above, the following matters require unanimous approval of the Members in a consent in writing to constitute an act of the Company:
 - A material change in the purposes or the nature of the Company's business;
 - (ii) With the exception of a transfer of interest governed by Article 7 of this Agreement, the admission of a new Member or a change in any Member's Membership Interest, Ownership Interest, Percentage Interest, or Voting Interest in any manner other than in accordance with this Agreement;
 - (iii) The merger of the Company with any other entity or the sale of all or substantially all of the Company's assets; and
 - (iv) The amendment of this Agreement.
- 4.2 Meetings of Managers. Regular meetings of the Managers are not required but may be held at such time and place as the Managers deem necessary or desirable for the reasonable management of the Company. Meetings may take place in person, by conference call, or by any other means permitted under the Washington Limited Liability Company Act. In addition, Company actions requiring a vote may be carried out without a meeting if all of the Managers consent in writing to approve the action.
- 4.3 Officers. The Managers are authorized to appoint one or more officers from time to time. The officers will have the titles, the authority, exercise the powers, and perform the duties that the Managers determine from time to time. Each officer will continue to perform and hold office until such time as (a) the officer's successor is chosen and appointed by the Managers; or (b) the officer is dismissed or terminated by the Managers, which termination will be subject to applicable law and, if an effective employment agreement exists between the officer and the Company, the employment agreement. Subject to applicable law and the employment agreement (if any), each officer will serve at the direction of Managers, and may be terminated, at any time and for any reason, by the Managers.

ARTICLE 5: ACCOUNTS AND ACCOUNTING

- 5.1 Accounts. The Company must maintain complete accounting records of the Company's business, including a full and accurate record of each Company transaction. The records must be kept at the Company's principal executive office and must be open to inspection and copying by Members during normal business hours upon reasonable notice by the Members wishing to inspect or copy the records or their authorized representatives, for purposes reasonably related to the Membership Interest of such Members. The costs of inspection and copying will be borne by the respective Member.
- 5.2 Records. The Managers will keep or cause the Company to keep the following business records.
 - (i) An up to date list of the Members, each of their respective full legal names, last known business or residence address, Capital Contributions, the amount and terms of any agreed upon future Capital Contributions, and Ownership Interests, and Voting Interests;
 - (ii) A copy of the Company's federal, state, and local tax in.formation and income tax returns and reports, if any, for the six most recent taxable years;
 - (iii) A copy of the certificate of formation of the Company, as may be amended from time to time ("Certificate of Formation"); and
 - (iv) An original signed copy, which may include counterpart signatures, of this Agreement, and any amendments to this Agreement, signed by all then-current Members.
- 5.3 Income Tax Returns. Within 45 days after the end of each taxable year, the Company will use its best efforts to send each of the Members all information necessary for the Members to complete their federal and state tax information, returns, and rep or ts anda copy of the Company's federal, state, and local tax information or income tax retun1S and reports for such year.
- 5.4 Subchapter S Election. The Company may, upon unanimous consent of the Members, elect to be treated for income tax purposes as an S Corporation. This designation may be changed as permitted under the Internal Revenue Code Section 1362(d) and applicable Regulations.

- 5.5 Tax Matters Member. Anytime the Company is required to designate or select a tax matters partner pursuant to Section 6231(a)(7) of the Internal Revenue Code and any regulations issued by the Internal Revenue Service, the Members must designate one of the Members as the tax matters partner of the Company and keep such designation in effect at all times.
- 5.6 Banking. All funds of the Company must be deposited in one or more bank accounts in the name of the Company with one or more recognized financial institutions. The Managers are authorized to establish such accounts and complete, sign, and de live r any banking resolutions reasonably required by the respective financial institutions in order to establish an account.

ARTICLE 6: MEMBERSHIP - VOTING AND MEETINGS

- or the Washington Limited Liability Company Act requires or permits. Unless otherwise stated in this Agreement (for example, in Section 4.1(c))or required under the Washington Limited Liability Company Act, the vote of the Members holding at least a majority of the Voting Interest of the Company is required to approve or carry out an action.
- 6.2 Meetings of Members. Annual, regular, or special meetings of the Members are not required but may be held at such time and place as the Members deem necessary or desirable for the reasonable management of the Company. A written notice setting forth the date, time, and location of a meeting must be sent within a reasonable period of time before the date of the meeting to each Member entitled to vote at the meeting. A Member may waive notice of a meeting by sending a signed waiver to the Company's principal executive office or as otherwise provided in the Washington Limited Liability Company Act. In any instance in which the approval of the Members is required under this Agreement, such approval may be obtained in any manner permitted by the Washington Limited Liability Company Act, including by conference callor similar communications equipment. Any action that could be taken at a meeting may be approved by a consent in writing that describes the action to be taken and is signed by Members holding the minimum Voting Interest required to approve the action. If any action is taken without a meeting and without unanimous written consent of the Members, notice of such action must be sent to each Member that did not consent to theaction.

ARTICLE 7: WITHDRAWAL AND TRANSFERS OF MEMBERSHIP INTERESTS

- Withdrawal. Members may withdraw from the Company prior to the dissolution and winding up of the Company (a) by transferring or assigning all of their respective Membership Interests pursuant to Section 7.2 below, or (b) if all of the Members unanimously agree in a written consent. Subject to the provisions of Article 3, a Member that withdraws pursuant to this Section 7.1 will be entitled to a distribution from the Company in an amoU11t equal to such Member's Capital Account.
- 7.2 Restrictions on Transfer; Admission of Transferee. A Member may transfer Membership Interests to any other Person without the consent of any other Member. A person may acquire Membership Interests directly from the Company upon the written consent of all Members. A Person that acquires Membership Interests in accordance with this Section 7.2 will be admitted as a Member of the Company only after the requirements of Section 2.3(b) are complied with in full.

ARTICLE 8: DISSOLUTION

- 8.1 Dissolution . The Company will be dissolved upon the first to occur of the following events:
 - The unanimous agreement of all Members in a consent in writing to dissolve the Company;
 - Entry of a decree of judicial dissolution under Washington Limited Liability Company Act;
 - (iii) At any time that there are no Members, unless and provided that the Company is not otherwise required to be dissolved and wound up, within 90 days after the occurrence of the event that terminated the continued membership of the last remaining Member, the legal representative of the last remaining Member agrees in writing to continue the Company and (i) to become a Member; or (ii) to the extent that the last remaining Member assigned its interest in the Company, to cause the Member's assignee to become a Member of the Company, effective as of the occurrence of the event that terminated the continued membership of the last remaining Member;

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Company Agent seeking indemnification) or a majority of the Managers that are not seeking indemnification, as the case may be. Before the Company makes any such payment of Expenses, the Company Agent seeking indemnification must deliver a written undertaking to the Company stating that such Company Agent will repay the applicable Expenses to the Company unless it is ultimately determined that the Company Agent is entitled or required to be indemnified and held harmless by the Company (as set forth in Sections 9.1or 9.2 above or as otherwise required by applicable law).

ARTICLE 10: GENERAL PROVISIONS

- 10.1 Notice. (a)-Any notices (including requests, demands, or other communications) to be sent by one party to another party in connection with this Agreement must be in writing and delivered personally, by reputable overnight courier, or by certified mail (or equivalent service offered by the postal service from time to time) to the following addresses or as otherwise notified in accordance with this Section: (i) if to the Company, notices must be sent to the Company's principal executive office; and (ii) if to a Member, notices must be sent to the Member's last known address for notice on record. (b) Any party to this Agreement may change its notice address by sending written notice of such change to the Company in the manner specified above. Notice will be deemed to have been duly given as follows: (i) upon delivery, if delivered personally or by reputable overnight carrier or (ii) five days after the date of posting if sent by certified mail.
- 10.2 Entire Agreement; Amendment. This Agreement along with the Certificate of Formation (together, the "Organizational Documents"), constitute the entire agreement among the Members and replace and supersede all prior written and oral understandings and agreements with respect to the subject matter of this Agreement, except as otherwise required by the Washington Limited Liability Company Act. There are no representations, agreements, arrangements, or undertakings, oral or written, between or among the Members relating to the subject matter of this Agreement that are not fully expressed in the Organizational Documents. This Agreement may not be modified or amended in any respect, except in a writing signed by all of the Members except as otherwise required or permitted by the Washington Limited Liability Company Act.
- 10.3 Governing Law; Severability. This Agreement will be construed and enforced in accordance with the laws of the state of Washington. If any provision of this Agreement is held to be unenforceable by a court of competent jurisdiction for any reason whatsoever, (i) the validity, legality, and enforceability of the remaining

EXHIBIT A MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit Accurate and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members

Capital Contribution

Percentage Interest

Eric Ryan Shibley Address: 4700 36th Ave. SW Seattle, Washington 98126

100%

IN WITNESS WHEREOF the parties have executed or caused to be executed this Operating Agreement and do each hereby represent and warrant that their respective signatory, whose signature appears below, has been and is, on the date of this Agreement, duly authorized to execute this Agreement.

Dated: 10/03/2077

Signature of Eric Ryan Shibley

Case 2:20-cr-00174-JCC Document 137-3 Filed 11/26/21 4a ISS 12/06/2019 FEDERAL LIMITS APPLY DRIVER LICENSE 9CLASS 17 WGT 190 III 8a END NON 206193H1225 SEATTLE WA 98126-2716 4700 36TH AVE SW WWW.SHINGTON 4d LIC# 1SHIBLEY 2ERIC RYAN

NOTE

| SBA Loan # | 4593717205 | |
|------------------|-------------------------------------|--|
| SBA Loan Name | SS1 LLC | |
| Date | 05/04/2020 | |
| Loan Amount | \$820,000.00 | |
| Interest Rate | 1% fixed | |
| Borrower | SS1 LLC | |
| Lender | Harvest Small Business Finance, LLC | |

1. PROMISE TO PAY:

In return for the Loan, Borrower promises to pay to the order of Lender the amount of

Eight Hundred Twenty Thousand Dollars

plus interest on the unpaid principal balance at the rate set forth below, and all other amounts required by this Note. Before the funding of the Loan, the following conditions must be satisfied:

- A. Lender has approved the request for the Loan.
- Lender has received approval from SBA to fund the Loan.

2. DEFINITIONS:

"Loan" means the loan evidenced by this Note.

"Loan Documents" means the documents related to this loan signed by Borrower.

"SBA" means the Small Business Administration, an Agency of the United States of America.

3. PAYMENT TERMS:

Borrower must make all payments at the place Lender designates. The payment terms for this Note are:

Initial Deferment Period ("Deferment Period"): No payments are due on this Loan for 6 months from the date of first disbursement of this loan. Interest will continue to accrue during the deferment period.

Loan Forgiveness: Borrower may apply to Lender for forgiveness of the amount due on this loan in an amount equal to the sum of the following costs incurred by Borrower during the 8-week period beginning on the date of first disbursement of this loan:

A. Payroll costs

- Any payment of interest on a covered mortgage obligation (which shall not include any prepayment of or payment of principal on a covered mortgage obligation)
- C. Any payment on a covered rent obligation

D. Any covered utility payment

The amount of loan forgiveness shall be calculated (and may be reduced) in accordance with the requirements of the Paycheck Protection Program, including the provisions of Section 1106 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116-136). Not more than 25% of the amount forgiven can be attributable to non-payroll costs.

If any portion of the Loan refinances an Economic Injury Disaster Loan advance, an amount equal to the lesser of (a) such portion of the Loan and (b) \$10,000 shall be subtracted from the loan forgiveness amount.

In the event that the Loan, or any portion thereof, is forgiven pursuant to the CARES Act, the amount so forgiven shall be applied to principal and any interest accrued thereon. Forgiveness of the Loan is only available for principal that is used for the limited purposes that qualify for forgiveness under SBA requirements, and to obtain forgiveness, Borrower must request it and must provide documentation in accordance with the SBA requirements, and certify that the amounts Borrower is requesting to be forgiven qualify under those requirements. Borrower is not relying on Lender for its understanding of the requirements for forgiveness such as eligible expenditures, necessary records/documentation, or possible reductions due to changes in number of employees or compensation. Rather, Borrower will consult the SBA's program materials.

Maturity: This Note will mature two years from the date of first disbursement of this Loan.

Repayment Terms: The interest rate on this Note is one percent per year. The interest rate is fixed and will not be changed during the life of the loan. Interest payable under this Note shall be calculated on the basis of a 365-day year for the actual days elapsed.

Commencing on the first day of the next month after the expiration of the Deferment Period, and continuing on the first day of each month thereafter until the Maturity Date, Borrower shall pay to Lender monthly payments of principal and interest, each in such equal amount required to fully amortize the principal amount outstanding on the Loan on the last day of the Deferment Period by the Maturity Date. If any payment is due on a day that is not a Business Day, the payment will be made on the next Business Day. The term "Business Day" means a day other than a Saturday, Sunday or any other day on which national banking associations are authorized to be closed.

Lender will apply each installment payment first to pay interest accrued to the day Lender received the payment, then to bring principal current, then to pay any late fees, and will apply any remaining balance to reduce principal.

If any payment under this Note is made more than ten days late, after the date such payment is due under this Note, Borrower shall pay to Lender a fully-earned, non-refundable late fee of the lesser of 5% or the maximum amount, if any, allowed by applicable law, of the portion of such payment that was not made when due.

Loan Prepayment: Notwithstanding any provision in this Note to the contrary: Borrower may prepay this Note at any time without penalty. Borrower may prepay 20 percent or less of the unpaid principal balance at any time without notice. If Borrower prepays more than 20 percent and the Loan has been sold on the secondary market, Borrower must: a. Give Lender written notice; b. Pay all accrued interest; and c. If the prepayment is received less than 21 days from the date Lender received the notice, pay an amount equal to 21 days interest from the date Lender received the notice, less any interest accrued during the 21 days and paid under b. of this paragraph. If Borrower does not prepay within 30 days from the date Lender received the notice, Borrower must give Lender a new notice.

Non-Recourse: Lender and SBA shall have no recourse against any individual shareholder, member or partner of Borrower for non-payment of the loan, except to the extent that such shareholder, member or partner uses the loan proceeds for an unauthorized purpose.

4. DEFAULT:

Borrower is in default under this Note if Borrower does not make a payment when due under this Note, or if Borrower.

- A. Fails to do anything required by this Note and other Loan Documents;
- B. Defaults on any other loan with Lender;
- Does not disclose, or anyone acting on their behalf does not disclose, any material fact to Lender or SBA;
- Makes, or anyone acting on their behalf makes, a materially false or misleading representation to Lender or SBA, or Borrower makes a false certification under paragraph 10 of this Note;
- E. Defaults on any loan or agreement with another creditor, if Lender believes that the default may then materially affect Borrower's ability to pay this Note, as compared to the time when the loan is made;
- F. Fails to pay any taxes when due;
- G. Becomes the subject of a proceeding under any bankruptcy or insolvency law;
- Has a receiver or liquidator appointed for any part of their business or property;
- Makes an assignment for the benefit of creditors;

- Has any adverse change in financial condition or business operation that Lender believes may then materially affect Borrower's ability to pay this Note, as compared to the time when the loan is made;
- Reorganizes, merges, consolidates, or otherwise changes ownership or business structure without Lender's prior written consent; or
- L. Becomes the subject of a civil or criminal action that Lender believes may then materially affect Borrower's ability to pay this Note, as compared to the time when the loan is made.

5. LENDER'S RIGHTS IF THERE IS A DEFAULT:

Without notice or demand and without giving up any of its rights, Lender may:

- Require immediate payment of all amounts owing under this Note;
- B. Collect all amounts owing from any Borrower; and
- C. File suit and obtain judgment.

6. LENDER'S GENERAL POWERS:

Without notice and without Borrower's consent, Lender may:

- A. Incur expenses to collect amounts due under this Note, and enforce the terms of this Note or any other Loan Document. Among other things, the expenses may include payments for property taxes, prior liens, insurance, appraisals, environmental remediation costs, and reasonable attorney's fees and costs. If Lender incurs such expenses, it may demand immediate repayment from Borrower;
- B. Release anyone obligated to pay this Note; or
- Take any action necessary to collect amounts owing on this Note.

7. CHOICE OF LAW, JURISDICTION AND VENUE:

When SBA is the holder, this Note will be interpreted and enforced under federal law, including SBA regulations. Lender or SBA may use state or local procedures for filing papers, recording documents, giving notice, foreclosing liens, and other purposes. By using such procedures, SBA does not waive any federal immunity from state or local control, penalty, tax, or liability. As to this Note, Borrower may not claim or assert against SBA any local or state law to deny any obligation, defeat any claim of SBA, or preempt federal law.

If SBA is not the holder, this Note shall be governed by and construed in accordance with federal law and California state law with respect to determining interest and otherwise the laws of the State of California without regard to its conflicts of law provisions. This Note has been accepted by Lender in the State of California. Borrower agrees that, upon a request by Lender, any legal action or proceeding with respect to any of its obligations under this Note may be brought

by Lender in any state or federal court located in the State of California, as Lender in its sole discretion may elect. Upon a request by Lender, Borrower submits to and accepts in respect of its property, generally and unconditionally, the non-exclusive jurisdiction of those courts. Borrower waives any claim that the State of California is not a convenient forum or the proper venue for any such suit, action or proceeding.

8. Borrower waives the right to trial by jury in any proceeding or dispute of any kind relating in any way to any Loan or Loan Documents. If any action, litigation or proceeding relating to any Loan or Loan Documents is filed in a court sitting in or applying the laws of California, the court shall, and is hereby directed to, make a general reference pursuant to Cal. Civ. Proc. Code §638 to a referee (who shall be an active or retired judge) to hear and determine all issues in the case (whether fact or law) and to report a statement of decision. Nothing in this Section shall limit the right of Lender to exercise self-help remedies, such as setoff or to obtain provisional or ancillary remedies from a court of competent jurisdiction before, during or after any judicial reference. The exercise of a remedy does not waive the right of any party to require judicial reference.

9. SUCCESSORS AND ASSIGNS:

Under this Note, Borrower includes its successors, and Lender includes its successors and assigns.

10. GENERAL PROVISIONS:

- All individuals and entitles signing this Note are jointly and severally liable.
- B. Borrower waives all suretyship defenses.
- Borrower must sign all documents necessary at any time to comply with the Loan Documents.
- D. Lender may exercise any of its rights separately or together, as many times and in any order it chooses. Lender may delay or forgo enforcing any of its rights without giving up any of them.
- E. Borrower may not use an oral statement of Lender or SBA to contradict or alter the written terms of this Note.
- F. If any part of this Note is unenforceable, all other parts remain in effect.
- G. To the extent allowed by law, Borrower waives all demands and notices in connection with this Note, including presentment, demand, protest, and notice of dishonor.
- H. Borrower's liability under this Note will continue with respect to any amounts SBA may pay Lender based on an SBA guarantee of this Note. Any agreement with Lender under which SBA may guarantee this Note does not create any third party rights or benefits for Borrower and, if SBA pays Lender under such an agreement, SBA or Lender may then seek recovery from Borrower of amounts paid by SBA.

 Lender reserves the right to modify the Loan Amount based on documentation received from Borrower.

11. STATE SPECIFIC PROVISIONS:

A.

If any Borrower is a resident of Delaware: WARRANT OF ATTORNEY/CONFESSION OF JUDGMENT. In addition to any other remedies Lender may possess, Borrower knowingly, voluntarily and intentionally authorizes any attorney to appear on behalf of Borrower, from time to time, in any court of record possessing jurisdiction over this Note and to waive issuance and service of process and to confess judgment in favor of Lender against Borrower, for the unpaid principal, accrued interest, accrued charges, reasonable attorney fees and court costs and such other amounts due under this Note.

- B. If any Borrower is a resident of lowa: IMPORTANT: READ BEFORE SIGNING. The terms of this agreement should be read carefully because only those terms in writing are enforceable. No other terms or oral promises not contained in this written contract may be legally enforced. You may change the terms of this agreement only be another written agreement.
- C. If any Borrower is a resident of Maryland: WARRANT OF
 ATTORNEY/CONFESSION OF JUDGMENT. Borrower authorizes an
 attorney to appear in a court of record and confess judgment, without
 process, against Borrower in favor of Lender for all indebtedness owed in
 connection with the loan, including but not limited to service charges,
 other charges and reasonable attorney's fees.
- D. If any Borrower is a resident of Missouri: Oral or unexecuted agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrowers(s)) and us (Creditor) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.
- E. If any Borrower is a resident of Ohio: WARRANT OF
 ATTORNEY/CONFESSION OF JUDGMENT. In addition to any other
 remedies Lender may possess, Borrower knowingly, voluntarily and
 intentionally authorizes any attorney to appear on behalf of Borrower from
 time to time, in any court of record possessing jurisdiction over this Note
 and to waive issuance and service of process and to confess judgment in
 favor of Lender against Borrower, for the unpaid principal, accrued
 interest, accrued charges, reasonable attorney fees and court costs and
 such other amount due under this Note.
 WARNING: BY SIGNING THIS PAPER, YOU GIVE UP YOUR RIGHT TO

NOTICE AND COURT TRIAL. IF YOU DO NOT PAY ON TIME, A COURT JUDGMENT MAY BE TAKEN AGAINST YOU WITHOUT YOUR PRIOR KNOWLEDGE AND THE POWERS OF THE COURT CAN BE USED TO COLLECT FROM YOU REGARDLESS OF ANY CLAIMS YOU MAY HAVE AGAINST THE CREDITOR WHETHER FOR RETURNED GOODS, FAULTY GOODS, FAILURE ON HIS PART TO COMPLY WITH THE AGREEMENT OR ANY OTHER CAUSE.

- F: If any Borrower is a resident of Oregon: UNDER OREGON LAW, MOST AGREEMENTS, PROMISES AND COMMITMENTS MADE BY [BENEFICIARY]/US CONCERNING LOANS AND OTHER CREDIT EXTENSIONS WHICH ARE NOT FOR PERSONAL, FAMILY, OR HOUSEHOLD PURPOSES OR SECURED SOLELY BY GRANTOR'S/BORROWER'S RESIDENCE MUST BE IN WRITING, EXPRESS CONSIDERATION AND BE SIGNED BY [AN AUTHORIZED REPRESENTATIVE OF BENEFICIARY]/US TO BE ENFORCEABLE.
- If any Borrower is a resident of Pennsylvania: WARRANT OF ATTORNEY/CONFESSION OF JUDGMENT. Borrower irrevocably authorizes and empowers the prothonotary, any attorney or any clerk of any court of record, upon default, to appear for and confess judgment against Borrower for such sums as are due and/or may become due under this Note including costs of suit, without stay of execution, and for attorney's fees and costs as set forth in this Note and knowingly, voluntarily and intentionally waives any and all rights Borrower may have to notice and hearing under the state and federal laws prior to entry of judgment. To the extent permitted by law, Borrower releases all errors in such proceedings. If a copy of this Note, verified by or on behalf of the holder, shall have been filed in such action, it shall not be necessary to file the original Note as a warrant of attorney. The authority and power to appear for and confess judgment against Borrower shall not be exhausted by the initial exercise thereof and may be exercised as often as the holder shall find it necessary and desirable and this Note shall be a sufficient warrant for such authority and power.
- H. If any Borrower is a resident of Utah: This is a final expression of the agreement between the creditor and debtor and the written agreement may not be contradicted by evidence of any alleged oral agreement.
- If any Borrower is a resident of Virginia: IMPORTANT NOTICE: THIS
 INSTRUMENT CONTAINS A CONFESSION OF JUDGMENT PROVISION
 WHICH CONSTITUTES A WAIVER OF IMPORTANT RIGHTS YOU MAY HAVE
 AS A DEBTOR AND ALLOWS THE CREDITOR TO OBTAIN A JUDGMENT
 AGAINST YOU WITHOUT ANY FURTHER NOTICE.
 WARRANT OF ATTORNEY/CONFESSION OF JUDGMENT. In addition to any
 other remedies Lender may possess, Borrower knowingly, voluntarily and
 intentionally authorizes to appear on behalf of Borrower, from time to time,
 in the District Court of Alexandria, Virginia and to waive issuance and
 service of process and to confess judgment in favor of Lender against
 Borrower, for the unpaid principal, accrued interest, accrued charges,

reasonable attorney fees and court costs and such other amount due under this Note.

J. If any Borrower is a resident of Washington: Oral agreements or oral commitments to loan money, extend credit, or to forbear from enforcing repayment of a debt are not enforceable under Washington law.

12. BORROWER CERTIFICATIONS:

Borrower certifies as follows:

- Current economic uncertainty makes this Loan necessary to support the ongoing operations of Borrower.
- Loan funds will be used only to retain workers and to maintain payroll or make mortgage payments, lease payments, and utility payments.
- C. Unless as otherwise permitted under applicable law including as permitted under the CARES Act, the Paycheck Protection Program, or any subsequent amendment to these programs, during the period beginning on February 15, 2020 and ending on December 31, 2020, Borrower has not applied for, and has not and will not receive another loan under this program.
- Borrower was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes.

13. ADDITIONAL BORROWER AGREEMENTS:

Borrower understands and agrees, and waives and releases Lender, as follows:

- A. The Loan would be made under the SBA's Paycheck Protection Program. Accordingly, it must be submitted to and approved by the SBA. There is limited funding available under the Paycheck Protection Program and so all applications submitted will not be approved by the SBA. The Loan also remains subject to the SBA issuing an SBA loan number.
- Lender does not represent or guarantee that it will submit the application before SBA funding is no longer available or at all.

You agree that Lender is not responsible or liable to you (i) if the application is not submitted to the SBA until after SBA stops approving applications, for any reason or (ii) if the application is not processed. You forever release and waive any claims against Lender concerning failure to obtain the Loan. This release and waiver applies to but is not limited to any claims concerning Lender's (i) pace, manner or systems for processing or prioritizing applications, or (ii) representations by Lender regarding the application process, the Paycheck Protection Program, or availability of funding.

This agreed-to release and waiver supersedes any prior communications, understandings, agreements or communications on the issues set forth herein.

ACH Information Request Form

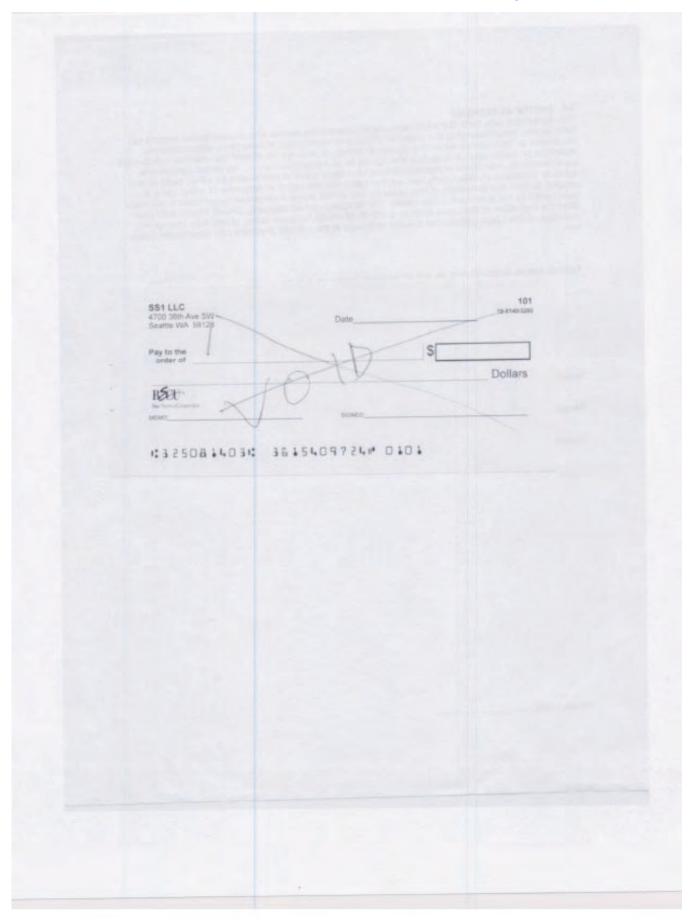
To enable Harvest Small Business Finance, LLC ("Harvest") to pay you via the Automated Clearing House (ACH) method and be notified via e-mail of the payment, please complete this form and submit it to Harvest per the instructions below. If you have questions while completing the form, please contact the your PPP Processor.

| Borrower Name: | | |
|---|--|------------------------------|
| | ng Employee Credit Uni | ion |
| Transit/Routing Number: 31 | 25081403 | _ |
| Bank Account Number: 36 | 15409724 | |
| Type of Account: (check one) | Shibley Title: Manager | |
| Phone Number: 206-93 | 8-4291 E-mail: Shibley med | lical @ Uook.com |
| E-mail Payment Notifications to: | shibleymedical Doul | leck-com |
| Harvest is hereby authorized to d remain in effect until I modify or | directly deposit to the account listed above. This authorize cancel it in writing. | ation will |
| Borrower Authorized Signer: | W | _ |
| | | |
| Please send the completed, | executed documents, along with a copy of a voide or fax to 949.534.9007 in order to finalize the pro | ed check, to ocess. Thank |

you.

| 14. | BORROWER'S NAME(S) AND SIGNATURE(S): By signing below, each individual or entity becomes Borrower. | s obligated under this Note as |
|-----|---|--------------------------------|
| N W | WITNESS WHEREOF, the undersigned have caused this Note effective on the day and year first written above. | Note to be executed under seal |
| | ILLC | |
| Ву: | Signature of PPP Applicant/Authorized Representative | |
| | nt Name: Eric & Shibley | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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Paycheck Protection Program Borrower Application Form

| Check One: □ Sole proprietor □ Partnership □ C-Corp □ S-Corp □ LLC □ Independent contractor □ Eligible self-employed individual □ 501(c)(3) nonprofit □ 501(c)(19) veterans organization □ Tribal business (sec. 31(b)(2)(C) of Small Business Act) □ Other | | | | | DB | A or Tradei | name if Applica | ble |
|---|-----------|--------------------|---|-----------------|------------------|-------------|-----------------|----------------|
| | | Business Legal Nar | | | | | | |
| | E | ric R Shibley MD F | PLLC | | | | | |
| | | Business Address | S | | Business TIN (| EIN, SSN) | Busine | ss Phone |
| | 47 | '00 36th Ave | e SW | | 9052 | | 2069384291 | |
| | | | | | Primary Contact | | Email Address | |
| | | | | | Eric SHi | bley | shibleymedic | al@outlook.com |
| | | | | _ | | | | |
| Average Monthly Pa | yroll: \$ | 40000 | x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request: | ^{\$} 1 | 00000 | Number o | of Employees: | 5 |
| Purpose of the loan | | | | | | | | |
| (select more than one | e): | Payroll Leas | e / Mortgage Interest | ies 🔳 | Other (explain): | employee | benefits | |
| · | | | · | | | | | |

Applicant Ownership

List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

| Owner Name | Title | Ownership % | TIN (EIN, SSN) | Address |
|----------------|---------|-------------|----------------|----------------------------|
| Eric R Shibley | Manager | 100 | -524 | 4700 36th Ave SW Seattle 👪 |
| | | | | |

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

| | Question | Yes | No | | | |
|----------|---|-----|----|--|--|--|
| 1. | Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy? | | | | | |
| 2. | Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government? | | | | | |
| 3. | Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A. | r 🔳 | | | | |
| 4. | Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B. | | | | | |
| <u>I</u> | questions (5) or (6) are answered "Yes," the loan will not be approved. | | | | | |
| | Question Yes | No |) | | | |
| 5. | Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? | [| | | | |
| | Initial here to confirm your response to question $5 \rightarrow ers$ | | | | | |
| 6. | Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? | | | | | |
| | Initial here to confirm your response to question $6 \rightarrow ers$ | | | | | |
| _ | | _ | _ | | | |
| 7. | Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above? | | | | | |
| 8. | Is the Applicant a franchise that is listed in the SBA's Franchise Directory? | [| | | | |

U.S. v. Shibley
CR20-174 JCC
Government Exhibit No. 6
Admitted

OMB Control No.: 3245-0407 Expiration Date: 09/30/2020



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

| The author | orized representative of the Applicant must certify in good faith to all of the below by initialing next to each one: |
|------------|--|
| ers | The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC. |
| ers | Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant. |
| ers | The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud. |
| ers | The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan. |
| ers | I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs. |
| ers | During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program. |
| ers | I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not |

submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

| Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00' | 04/15/2020 |
|---|------------|
| Signature of Authorized Representative of Applicant | Date |
| Eric R Shibley | 04/15/2020 |
| Print Name | Title |

ers



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Explanation of the answer to question 3 in PPP application:

Ownership in other businesses for Eric R Shibley:

The A Team Holdings LLC /100% Eric R Shibley MD PLLC /100% ES1 LLC/100% Seattle's Finest Cannabis LLC/100%

All of them are Washington LLC.

| lender or 1 | dentification number (EIN) | 9 | 0 5 | 2 | | Report Check or | for this Quarter of 2 | 2020 |
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| Name (no | t your trade name) Eric R Shibley MD | rece | | | 1 | _ | ril, May, June | |
| Trade na | me (f any) | | | | 1 | _ | y, August, September | |
| Address | 4700 36th Ave SW | | | | | - | tober, November, Dece | mber |
| | Number Street | | Suite or roo | m number | | | w.irs.gov/Form941 for | etion |
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| ric R Shibley MD PL | LC | | | | | 9052 |
| art 2: Tell us abou | ut your deposit | schedule and | tax liability for this qua | rter. | | |
| f you are unsure abo | ut whether you | are a monthly | schedule depositor or a | semiw | eekly schedu | le depositor, see section 11 |
| of Pub. 15. | | | | | | star was less than \$2,500, and you didn't |
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Attention:

You may file Forms W-2 and W-3 electronically on the SSA's <u>Employer W-2 Filing Instructions and Information</u> web page, which is also accessible at <u>www.socialsecurity.gov/employer</u>. You can create fill-in versions of Forms W-2 and W-3 for filing with SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

Note: Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file Copy A downloaded from this website with the SSA; a **penalty** may be imposed for filing forms that can't be scanned. See the penalties section in the current <u>General Instructions for Forms W-2 and W-3</u>, available at <u>www.irs.gov/w2</u>, for more information.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded, filled in, and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns such as Forms W-2 and W-3, which include a scannable Copy A for filing, go to IRS' <u>Online Ordering for Information Returns and Employer Returns</u> page, or visit <u>www.irs.gov/orderforms</u> and click on Employer and Information returns. We'll mail you the scannable forms and any other products you order.

See IRS Publications $\underline{1141}$, $\underline{1167}$, and $\underline{1179}$ for more information about printing these tax forms.

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| Eric R Shibley MD PLLC | | 451152 | 1308 | 33.4 |
| | | 7 Social security tips | 8 Allocated tips | |
| | | 9 | 10 Dependent care benefits | |
| 4700 36th Ave SW Seattle WA 98126-2 g Employer's address and ZIP code | 2716 | 11 Nonqualified plans | 12a Deferred compensation | |
| h Other EIN used this year | | 13 For third-party sick pay use only | 12b | |
| 15 State Employer's state ID number WA 603: | er 2260109 | 14 Income tax withheld by payer of third-party s | ick pay | |
| 16 State wages, tips, etc. 17 S | State income tax | 18 Local wages, tips, etc. | 19 Local income tax | |
| | 0 | 0 | | 0 |
| Employer's contact person | | Employer's telephone number | For Official Use Only | |
| Eric R Shibley | | 206-938-4291 | | |
| Employer's fax number | | Employer's email address | | |
| 206-260-14 | 12 | shibleenyc@yahoo.com | | |

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete. Eric R Shiblev

Signature >

04/24/202020 Department of the Treasury

Internal Revenue Service

Form W-3 Transmittal of Wage and Tax Statements Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

2019

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration Direct Operations Center Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| 33333 a Contro | number | For Official Us | | | | | |
|---|--|---------------------|--|---|---|--|--|
| Kind of Payer (Check one) | Military 943 Pishid, Medical emp. govt. emp. | 944 944 | None apply 501c n | local 501c Federal govt. | Third-party sick pay (Check if applicable) | | |
| C Total number of Forms \ | V-2 d Establishment | number | 1 Wages, tips, other compensation 2 Federal income tax withheld 538000 | | | | |
| e Employer identification number (EIN) | | | 3 Social security wages 538000 | | held 6671 | | |
| f Employer's name | 1303 | | 5 Medicare wages and tips 538000 | 6 Medicare tax withheld | 1560 | | |
| SS1 U.C | | | 7 Social security tips | 8 Allocated tips | | | |
| | | | 9 | 10 Dependent care benefits 12a Deferred compensation | | | |
| 4700 36th Ave SW Seattle WA | | | 11 Nonqualified plans | | | | |
| g Employer's address and h Other EIN used this yea | | | 13 For third-party sick pay use only | 12b | | | |
| 15 State Employer's s | tate ID number 604-183-433 | | 14 Income tax withheld by payer of third- | -party sick pay | | | |
| 16 State wages, tips, etc. | 17 State income | tax | 18 Local wages, tips, etc. | 19 Local income tax | | | |
| Employer's contact per Eric R Shibley | son | | Employer's telephone number 206-938-4291 | For Official Use Only | | | |
| Employer's fax number | | | Employer's email address | | | | |
| | 206-260-1412 | - dibbo caboos and | shibleenyc@yahoo.com faccompanying documents, and, to the best of n | ny knowledge and belief, they a | re true, correct, | | |
| Inder penalties of perjupy and complete. | gclare that I have examin | ied this return and | Title Manager | | 2/202020 | | |

Form W-3 Transmittal of Wage and Tax

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement, Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends

retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two

- e-filing options on its Business Services Online (BSO) website.
- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted

by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "LogIn."

Case 2:20-cr-00174-JCC Document 137-3 Filed 11/26/21 4a ISS 12/06/2019 FEDERAL LIMITS APPLY DRIVER LICENSE 9CLASS 17 WGT 190 III 8a END NON 206193H1225 SEATTLE WA 98126-2716 1978 SHIBLEY SERIC RYAN WWW.SHINGION



Paycheck Protection Program

| | Borrower Application Form | | | | | | | | | n Date: 09/30/2020 |
|-----------------|---------------------------|--|-----------------------------------|--|-----------------------|------|------------------|-------------|-----------------|--------------------|
| Check One: | ☐ Independ☐ 501(c)(3) | ent contractor nonprofit siness (sec. 31) | ☐ Eligib 501(c)(1 (b)(2)(C) | C-Corp Sole self-employed 9) veterans organ of Small Busines | individual ization | er | DB | A or Trader | name if Applica | able |
| | | Business L | | ie | | | 1 | | | |
| | | ES1 | | | | | D · TIM | EIN CON | n · | DI |
| | 4=00.004 | Business | | | | | Business TIN (| | | ess Phone |
| | 4700 36tl | n Ave SW | Seatt | tle,WA 9812 | 26 | | | 5849 | 206938 | 4291 |
| | | | | | | | Primary C | ontact | Email | Address |
| | | | | | | | Eric SHi | bley | ers98126 | @gmail.com |
| Average Month | nly Payroll: | \$ 38,3 | 300 | x 2.5 + EIDL, N Advance (if App Equals Loan Rec | olicable) | \$ 9 | 5,750 | Number o | of Employees: | 6 |
| Purpose of the | loan | | | | | | | | | |
| (select more th | an one): | Payroll | Lease | e / Mortgage Inter | est 🔳 Utilities | | Other (explain): | employee | benefits | |
| | | e of the equity (| of the Ap | Applicant Own | separate sheet i | | | | | |
| | N.T. | | | TEN A | 0 1'0/ | FERR | DAT CENTAL COATS | | A 11 | |

| Owner Name | Title | Ownership % | TIN (EIN, SSN) | Address |
|----------------|---------|-------------|----------------|----------------------------|
| Eric R Shibley | Manager | 100 | -524 | 4700 36th Ave SW Seattle 👪 |
| | | | | |

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

| | Question | Yes | No |
|------------|---|-----|----|
| 1. | Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy? | | |
| 2. | Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government? | | |
| 3. | Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A. | | |
| 4. | Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B. | | |
| <u>I</u> j | f questions (5) or (6) are answered "Yes," the loan will not be approved. | | |
| | Question Yes | No | |
| 5. | Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? | | |
| | Initial here to confirm your response to question $5 \rightarrow ers$ | | |
| 6. | Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? | |] |
| | Initial here to confirm your response to question $6 \rightarrow ers$ | | |
| 7. | Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above? | |] |
| 8. | Is the Applicant a franchise that is listed in the SBA's Franchise Directory? | | |

U.S. v. Shibley CR20-174 JCC Government Exhibit No. 7 Admitted ______



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

| The author | orized representative of the Applicant must certify in good faith to all of the below by initialing next to each one: |
|------------|---|
| ers | The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC. |
| ers | Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant. |
| ers | The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud. |
| ers | The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan. |
| ers | I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs. |
| ers | During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program. |
| ers | I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. |

| Eric Ryan Shibley Date: 2020.04.15 19:08:46 -07'00' | 04/15/2020 |
|---|------------|
| Signature of Authorized Representative of Applicant | Date |
| Eric R Shibley | 04/15/2020 |
| Print Name | Title |

I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan

Program Requirements and all SBA reviews.

ers



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

Explanation of the answer to question 3 in PPP application:

Ownership in other businesses for Eric R Shibley:

The A Team Holdings LLC /100% Eric R Shibley MD PLLC /100% ES1 LLC/100% Seattle's Finest Cannabis LLC/100%

All of them are Washington LLC.

| | [| the Treasury — Inte | | | | | | OMB No. 1540 | |
|---|---|---|---|---|----------------|---------------------------|--|--------------|-----|
| imploye | er identification number (EIN) | | 5 | 8 4 | 1 9 | _ | port for this Qua eck one.) | rter of 202 | ٩ |
| Name | (not your trade name) ES1 LLC | | | | | × | 1: January, February | y, March | |
| Trade | name (if any) | | | | | | ≥ April, May, June | | |
| | 4700 36th Ave SW | | | | | | t: July, August, Sep | tember | |
| ddres | Number Street | | | Suite or roc | om number | | k: October, Novemb o www.irs.gov/Form | | er. |
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| | Number of employees who received v | - | other con | npensation | for the pay pe | riod | | | |
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| 2 V | Vages, tips, and other compensation | | | | | 2 | | 76600 . | 0 |
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| ie A | Add Column 2 from lines 5a, 5b, 5c, a | nd 5d | | | | 5e | | 11719 . | 8 |
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| st S | Section 3121(a) Notice and Demand- | -Tax due on un | reported | tine (see in | structions) | 51 | | - | |
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|--|---|--|---|---------------------------------------|--|--|
| S1 LLC | | | | | | 5849 |
| art 2: Tell us ab | out your deposi | t schedule | and tax liability for this | s quarte | r. | |
| f you are unsure at | bout whether you | are a mon | hly schedule depositor | or a sen | niweekly sch | edule depositor, see section 11 |
| of Pub. 15. 16 Check one: [| line 12 on this depositor, com Part 3. | 00 next-day of return is \$10 plete the depo | eposit obligation during the ,000 or more, you must pro- sit schedule below; if you ar | e current ovide a re re a semiv | cord of your fer reekly schedule | quarter was less than \$2,500, and you didn't 12 for the prior quarter was less than \$2,500 but deral tax liability. If you are a monthly schedule depositor, attach Schedule B (Form 941). Go to |
| [| You were a liability for the | monthly sci e quarter, the | edule depositor for the in go to Part 3. | entire o | quarter. Enter | your tax liability for each month and total |
| | Tax liability: | Month 1 | 583 | 59 . 90 | | |
| | | Month 2 | 58: | 59 . 9 | | |
| | | Month 3 | | 0. 0 | 5 | |
| | Total liability f | | 117 | | _ | st equal line 12. |
| [| You were a Report of Tax | semiweekly x Liability for | schedule depositor for Semiweekly Schedule De | r any par epositors | t of this quar , and attach it | rter. Complete Schedule B (Form 941), to Form 941. |
| Part 3: Tell us at | bout your busine | ss. If a que | stion does NOT apply | to your | business, le | ave it blank. |
| 17 If your busine | | | | | | Check here, and |
| art 4: May we s | speak with your | third-narty | | | | |
| for details. Yes. Desi | to allow an employ | yee, a paid to | x preparer, or another pe | | | sturn with the IRS? See the instructions |
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Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions, See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one Photocopies are not acceptable. Use a Form W-3 even if city of the paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- . W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration **Direct Operations Center** Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



| OMB Control No.: 3245-0407 |
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| Expiration Date: 09/30/2020 |
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| Averaş | Average Monthly Payroll: \$ 38000 x 2.5 + EIDL, Net of Advance (if Applicable) Equals Loan Request: \$ 95000 Number of Em | | | | | | | f Emplo | oyees: | 3 | | |
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| List all | owners of 20% or more | of the equity | of the Ap | Applicant Own | • | | ssary. | | Ado | dress | | |
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| | f questions (1) or (2) be | olow are answ | vered "Yes | s " the loan will n | ot he approved | | | | | | | |
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| 1. | Is the Applicant or any voluntarily excluded for bankruptcy? | | | nt presently suspe | | | | | | | | |
| 2. | Has the Applicant, any guaranteed loan from caused a loss to the go | SBA or any of | | | | | | | | | | |
| 3. | Is the Applicant or any business? If yes, list a | | | | | | | | | other | Ш | V |
| 4. | Has the Applicant recoprovide details on a se | | | | Loan between J | anuary | y 31, 2020 and | l April 3, 2020 | ? If yes | 5, | | |
| <u>If</u> | questions (5) or (6) are | e answered " | Yes," the | loan will not be ap | pproved. | | | | | | | |
| | | | | Question | | | | | | Yes | No | |
| 5. | Is the Applicant (if ar to an indictment, crin brought in any jurisd | ninal informa iction, or pres | tion, arrai | gnment, or other rarcerated, or on pro | neans by which | form | | | | | Z | <u></u> |
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| 6. | Within the last 5 year been convicted; 2) pl placed on any form of | eaded guilty; of parole or pr | 3) pleaded obation (i | d nolo contendere ncluding probatio | ; 4) been placed n before judgm | on pr | | | | | Z | |
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| 7. | Is the United States the Applicant's payroll c | | | sidence for all emp | ployees of the A | pplica | ant included in | the | | Ø | | |
| 8. | Is the Applicant a fra | nchise that is | listed in t | he SBA's Franchi | se Directory? | | | | | | € |] |
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SB



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more
 than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13
 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:

ers The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC. ers Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant. ers The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud. The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's ers payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan. ers I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs. During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another ers loan under the Paycheck Protection Program. I further certify that the information provided in this application and the information provided in all supporting documents and ers forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. ers I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews. 06/05/2020 Signature of Authorized Representative of Applicant Date Eric R Shibley Manager

Title

Print Name



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

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| | identification number (EIN) | | | | | | ck one.) | | -1 |
| Name (n | ot your trade name) Eric R Shibley MD | PLLC | | | | X 1 | : January, F | ebruary, March | |
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| ddress | 4700 36th Ave SW | | Suite or my | om number | | _ | | November, December | pr |
| | Number Street | WA | 7 | 126 | | | | ov/Form941 for the latest informatio | n. |
| | Seattle | State | | code | 1 | | | | _ |
| | V.V | | | | 1 | | | | |
| | Foreign country name | Foreign province/county | Foreign p | oostal code | 1 | | | | |
| ad the | separate instructions before you comp | olete Form 941. Type or | r print within | the boxer | 6. | | | | |
| art 1: | Answer these questions for this | | | | | | | | |
| 1 N | umber of employees who received w | ages, tips, or other co | ompensation | for the p | pay perio | d | | | _ |
| in | cluding: Mar. 12 (Quarter 1), June 12 | (Quarter 2), Sept. 12 (Q | uarter 3), or | Dec. 12 (| Quarter 4 | 1 | | 5 | |
| 2 W | ages, tips, and other compensation | | | | | . 2 | | 75800 • | 00 |
| | | | | | | | | 0. | |
| 3 F | ederal income tax withheld from wa | ges, tips, and other co | ompensation | | | . 3 | | 0. | |
| 4 If | no wages, tips, and other compensa | ation are subject to so | ocial security | y or Med | icare tax | | Chec | k and go to line 6. | |
| | | Column 1 | _ | | column 2 | | - | | |
| 5a Ta | axable social security wages | 75800 • | 0.404 | | 0200 | 20 | | | |
| | axabic social security mages | 73800 • | × 0.124 = | | 9399 | . 20 | | | |
| | axable social security tips | 73800 * | × 0.124 = | | 9399 | - 20 | | | |
| 5b T | axable social security tips | | = | | 2198 | | | | |
| 5b Ta | | | × 0.124 = × 0.029 = | | | | | | |
| 5b Ta 5c Ta 5d Ta | axable social security tips axable Medicare wages & tips | | × 0.124 = | | | | | | |
| 5b Ta 5c Ta 5d Ta A | axable social security tips axable Medicare wages & tips axable wages & tips subject to | 75800 • | × 0.124 = × 0.029 = | | | | | 11597 • | 40 |
| 5b Ta 5c Ta 5d Ta A | axable social security tips | 75800 • nd 5d | × 0.124 = × 0.029 = × 0.009 = | | 2198 | . 20 | | | |
| 5b Ta 5c Ta 5d Ta A | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding | 75800 • nd 5d | × 0.124 = × 0.029 = × 0.009 = | | 2198 | . 20 | | 11597 . | |
| 5b Ta 5c Ta 5d Ta A 5e A 5f S | axable social security tips | 75800 • nd 5d | × 0.124 = × 0.029 = × 0.009 = | | 2198 | . 20 | | | |
| 5b Ta 5c Ta 5d Ta A 5e A 5f S 6 Ta | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add lines are the security of the | 75800 • nd 5d -Tax due on unreported lines 3, 5e, and 5f | × 0.124 = × 0.029 = × 0.009 = | | 2198 | . 56 | | 11597 • | 40 |
| 5b Ta 5c Ta 5d Ta A 5e A 5f S 6 Ta | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demand- | 75800 • nd 5d -Tax due on unreported lines 3, 5e, and 5f | × 0.124 = × 0.029 = × 0.009 = | | 2198 | . 50 | | | 40 |
| 5b Ta 5c Ta 5d Ta 5e A 5f S 6 Ta 7 C | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add lines are the security of the | 75800 • nd 5d -Tax due on unreported lines 3, 5e, and 5f | × 0.124 = × 0.029 = × 0.009 = | | 2198 | . 56 | | 11597 • | 40 |
| 5b Ti 5c Ti 5d Ti A 5e A 5f S 6 Ti 7 C 8 C | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add lawrent quarter's adjustment for fracturrent quarter's adjustment for sick-turrent quarter's adjustment quarter's adjustm | 75800 | × 0.124 = × 0.029 = × 0.009 = × 0.009 = | | 2198 | . 20 . 56 . 66 . 7 | | 11597 . | 40 |
| 5b Ti 5c Ti 5d Ti A 5e A 5f S 6 Ti 7 C 8 C | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add surrent quarter's adjustment for fractions. | 75800 | × 0.124 = × 0.029 = × 0.009 = × 0.009 = | | 2198 | . 56 | | 11597 | 40 |
| 5b Ti 5c Ti 5d Ti 5d A 5e A 5f S 6 Ti 7 C 8 C 9 C | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add lawrent quarter's adjustment for fracturrent quarter's adjustment for sick-turrent quarter's adjustment quarter's adjustm | 75800 and 5d | × 0.124 = × 0.029 = × 0.009 = × 0.009 = | | 2198 | . 20 . 56 . 66 . 7 | | 11597 | 40 |
| 5b Ti 5c Ti AA 55e A 5f S 66 Ti 7 C 68 8 C 9 C 10 T | axable social security tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add fourrent quarter's adjustment for fracturrent quarter's adjustment for tips fotal taxes after adjustments. Combinate taxes after adjustments. | 75800 • 75800 • nd 5d | × 0.124 = × 0.029 = × 0.009 = × 0.009 = ed tips (see i | instruction | 2198 | . 50 . 50 . 6 | | 11597 | 40 |
| 5b Ti 5c Ti 5d Ti A A 55e A 6 Ti 7 C C 8 8 C 9 C C 10 Ti 11 Q | axable social security tips | 75800 • 75800 • nd 5d | × 0.124 = × 0.029 = × 0.009 = × 0.009 = ed tips (see i | instruction | 2198 | . 20 . 56 . 6 . 7 . 8 . 9 | | 11597 | 40 |
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| 5b Ti 5c Ti 5d Ti A A 55e A A 5f S 6 Ti 7 C 6 8 C 9 C 10 Ti 11 Q 12 Ti 1 | axable social security tips | 75800 • 75800 • nd 5d | × 0.124 = × 0.029 = × 0.009 = × 0.009 = ed tips (see in the second sectivities from line 10 collect from a sectivities from | instruction | 2198 ns) Form 897 | . 20 . 56 . 6 . 7 . 8 . 9 | | 11597 | 40 |
| 5b Ti 5c Ti 5d Ti A A 55e A 5f S 66 Ti 77 C 68 8 C 9 C 100 T 111 Q 112 T 113 T 0 | axable social security tips axable Medicare wages & tips axable Medicare wages & tips axable wages & tips subject to dditional Medicare Tax withholding dd Column 2 from lines 5a, 5b, 5c, a ection 3121(q) Notice and Demandotal taxes before adjustments. Add is current quarter's adjustment for fracturrent quarter's adjustment for sick current quarter's adjustments for tips total taxes after adjustments. Combinately a company of the control of the con | 75800 a 758 | × 0.124 = × 0.029 = × 0.009 = × 0.009 = ved tips (see in the second | instruction | 2198 ns) Form 897 | . 20 . 56 . 6 . 7 . 8 . 9 | | 11597 | 40 |
| 5b Ti 5c Ti 5d Ti A A 55e A 5f S 66 Ti 7 C 6 9 C 7 111 Q 7 11 | axable social security tips | 75800 a 758 | × 0.124 = × 0.029 = × 0.009 = × 0.009 = sed tips (see in the see in the s | instruction | 2198 ns) . Form 897 | . 20 . 56 . 6 . 7 . 8 . 9 | | 11597 | . 40 |

| ic R Shibley MD PL | | | | | Employer identification number (EIN) |
|---|---|---|--|-------------------|---|
| | LC | | | | 9052 |
| | | | and tax liability for this qua | | |
| of Pub. 15. | Line 12 on this | return is la | ee than \$2,500 or line 12 on the | etum | weekly schedule depositor, see section 11 for the prior quarter was less than \$2,500, and you didn't |
| 16 Check one: | incur a \$100,00 line 12 on this depositor, comp Part 3. | 00 next-day of return is \$10 plete the dep | deposit obligation during the our 0,000 or more, you must provide osit schedule belaw; if you are a si | ent qua a reco | carter. If line 12 for the prior quarter was less than \$2,500 but dt of your federal tax liability. If you are a morthly schedule sky schedule depositor, attach Schedule B (Form 941). Go to |
| × | | | hedule depositor for the enti en go to Part 3. | re qu | arter. Enter your tax liability for each month and total |
| | Tax liability: | Month 1 | 5798 • | 70 | |
| | | Month 2 | 5798 • | 70 | |
| | | Month 3 | 0. | 00 | |
| _ | Total liability for | | 11597 • | 40 | Total must equal line 12. |
| | You were a s | semiweekly Liability for | y schedule depositor for any r Semiweekly Schedule Deposi | part o | of this quarter. Complete Schedule B (Form 941), and attach it to Form 941. |
| Tall us about | | , | estion does NOT apply to yo | | |
| Part 3: Tell us abou | ut your busine | ss. II a que | estion does not apply to yo | our be | |
| 17 If your business | has closed or | you stoppe | ed paying wages | | Check here, and |
| enter the final da | te you paid was | es / | 1 | | |
| | | | on't have to file a return for e | very o | quarter of the year Check here. |
| | eak with your | | | - | |
| | | | | to dis | cuss this return with the IRS? See the instructions |
| for details. | mow an employ | se, a paid a | ax preparer; or unouner person. | - | |
| ☐ Ves Design | ee's name and | ohone numi | ber | | |
| | | | | | |
| | a 5-digit Person | al Identifica | Alexander of GAICS and subsequently | | g to the IRS. |
| X No. | | ai identino | ition Number (PIN) to use when | talkin | |
| No. | | | | | |
| Part 5: Sign here. | You MUST cor | mplete bot | th pages of Form 941 and Si | GN it | edules and statements, and to the best of my knowledge |
| Part 5: Sign here. | You MUST cor | mplete bot | th pages of Form 941 and Si | GN it | edules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. |
| Under penalties of perjury and belief, it is true, corre | You MUST cor y, I declare that I h ect, and complete. | mplete bot | th pages of Form 941 and Si | GN it | edules and statements, and to the best of my knowledge |
| Part 5: Sign here. | You MUST cor y, I declare that I hect, and complete. | mplete bot | th pages of Form 941 and Si | GN it | nedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your |
| Under penalties of perjury and belief, it is true, corre Sign you | You MUST cor y, I declare that I heet, and complete. | mplete bot | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | vedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here Print your |
| Under penalties of perjury and belief, it is true, corre | You MUST cor y, I declare that I heet, and complete. | mplete bot have examine Declaration | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here Print your title here Manager |
| Part 5: Sign here. \ Under penalties of perjunand belief, it is true, corre Sign you name h | You MUST cor y, I declare that I heet, and complete. | mplete bot have examine Declaration | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here Print your title here Manager Best daytime phone 2069384291 |
| Sign here. Vunder penalties of perjunand belief, it is true, correctly Sign you name h | You MUST cor y, I declare that I heet, and complete. | mplete bot have examine Declaration | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here |
| Sign here. Vunder penalties of perjunand belef, it is true, corresponding to the sign you name here. Paid Preparer University of the sign you name. | You MUST cor y, I declare that I heet, and complete. | mplete bot have examine Declaration | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here |
| Sign here. V Under penalties of perjunand belief, it is true, corre Sign you name h Praid Preparer Ut Preparer's name Preparer's signature Firm's name (or yours | You MUST cor y, I declare that I heet, and complete. | mplete bot have examine Declaration | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here |
| Part 5: Sign here. V Under penalties of perjunand belief, it is true, corre Sign you name h Preparer's name Preparer's name Preparer's signature Firm's name (or yours if self-employed) | You MUST cor y, I declare that I heet, and complete. | mplete bot have examine Declaration | th pages of Form 941 and Sind this return, including accompany of preparer (other than taxpayer) is | GN it | pedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge. Print your name here |

| | r Official Use Only ≫ |
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| 77777 | MB No. 1545-0008 |
| Kind of Payer (Check one) | None apply 501c non-govt. Kind of State/local non-601c State/local 501c Federal govt. (Check if applicable) |
| c Total number of Forms W-2 d Establishment numb | 451152 |
| e Employer identification number (EIN) 9052 | 3 Social security wages 4 Social security tax withheld 55942 |
| f Employer's name Eric R Shibley MD PLLC | 5 Medicare wages and tips 6 Medicare tax withheld 1308 |
| CITIC IN CHIRDING PRICE PRICE | 7 Social security tips 8 Allocated tips 10 Dependent care benefits |
| | |
| CIN CW- WA 00100 0710 | 11 Nonqualified plans 12a Deferred compensation |
| 4700 36th Ave SW Seattle WA 98126-2716 g Employer's address and ZIP code | 11 Interdestings beauto |
| 4700 36th Ave SW Seattle WA 98126-2716 g Employer's address and ZIP code h Other EIN used this year | 13 For third-party sick pay use only 12b |
| g Employer's address and ZIP code h Other EIN used this year 15 State Employer's state ID number | 13 For third-party sick pay use only 14 Income tax withheld by payer of third-party sick pay |
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| g Employer's address and ZIP code h Other EIN used this year 15 State Employer's state ID number WA 603260109 16 State wages, tips, etc. 17 State income tax Employer's contact person Eric R Shibley Employer's fax number 206,260-1412 | 13 For third-party sick pay use only 14 income tax withheld by payer of third-party sick pay 18 Local wages, tips, etc. 19 Local income tax 0 Employer's telephone number 206-938-4291 Employer's email address shibleenyo@yahoo.com |
| g Employer's address and ZIP code h Other EIN used this year 15 State Employer's state ID number WA 603260109 16 State wages, tips, etc. 17 State income tax Employer's contact person Eric R Shibley Employer's fax number 206,260-1412 | 13 For third-party sick pay use only 14 Income tax withheld by payer of third-party sick pay 18 Local weges, tips, etc. 19 Local income tax 0 Employer's telephone number 208-938-4291 Employer's email address |

Form W-3 Transmittal of Wage and Tax Statements

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN), Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years. retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Log In.

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2020.

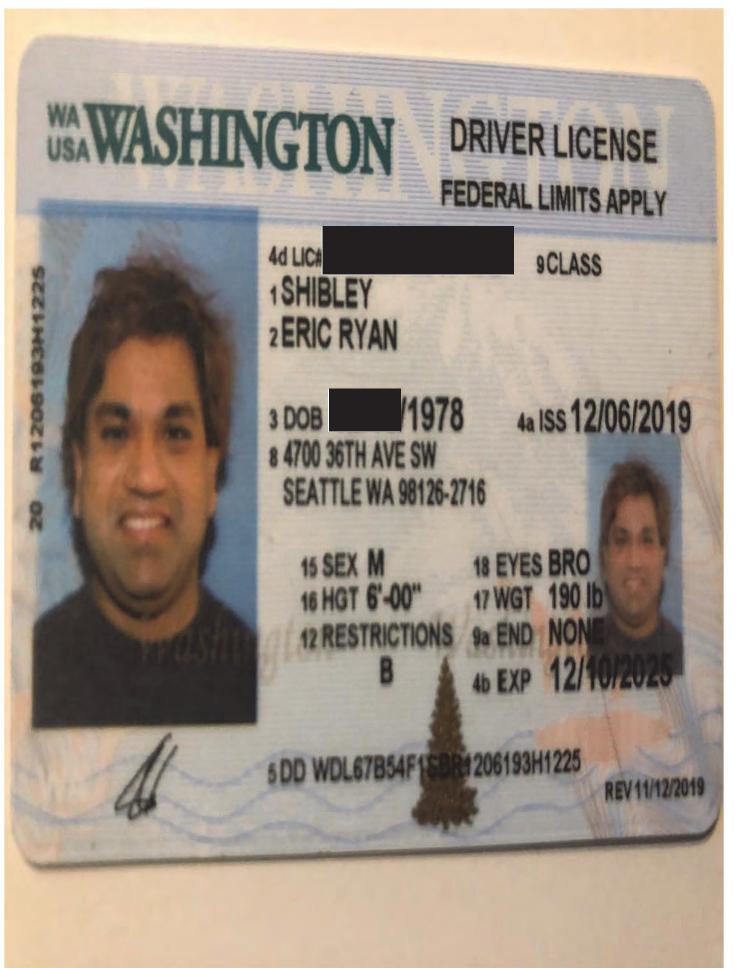
Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration **Direct Operations Center** Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Fax. Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.



11/15/2020

New message from Fundbox

Fundbox

August 7, 2020 Eric R Shibley MD PLLC

Hi Eric,

Thank you for submitting your application. Unfortunately, you are not eligible for funding through the SBA Paycheck Protection Program (PPP).

Specific reasons

For specific reasons about why your application was not approved, you can write to us within 60 days at the address below. We'll get back to you within 30 days of receiving your request.

Fundbox 268 Bush Street, # 2821 San Francisco, CA 94104 (855) 297-6947

Equal Credit Opportunity Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Fundbox is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Best regards,

The Fundbox Team

Copyright © 2020 Fundbox, All rights reserved.

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| Payrotl: n one): | Business (sec. Busine | or □ Eligu □ 501(c) 31(b)(2)(d) s Legal Na nastruction ess Addrew W Seal | gible self-employ (19) veterans or C) of Small Busi ame n LLC ss attle WA 981 x 2.5 + EIDL Advance (if A Equals Loan) ase / Mortgage In Applicant O Applicant, Attack Title ager | ganization iness Act) □ Ot 26 | s 96 | Primary Eric S 80000 | (EIN, SSN) 8508 Contact hibley Number of | 2069384 | ss Phone 1291 Address 1@gmail 49 | 26 | |
|--|--|---|--|--|---|--|--|---|--|--|--|
| Payroll: n one): t0% or more ser Name (1) or (2) be | bituri Cor Busine th ave SI \$ 3920 Payrol e of the equit | onstruction is Address Address Address W Sea | x 2.5 + EIDI Advance (if A Equals Loan) Applicant O Applicant, Attack Title ager Ves. * the loan win | , Net of Applicable) Request: hterest Utiliti whership h a separate shee Ownership 100 | es 🖸 | Primary Eric S 80000 Other (explain | 8508 Contact hibley Number of | Email shibley9827 of Employees: | Address 1@gmail | 26 | |
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| (1) or (2) but to blicant or an any excluded | e of the equit | Man | Applicant O Applicant, Attack Title ager Ves. ** the loan win | Ownership 100 | t if nec | essary. | | | WA 9812 | | |
| olicant or an | ny owner of t | owered "1 | Yes." the loan wi | ll not be approve | d | 526 | 4700 36th A | ve SW Seattle | WA 9812 | | |
| olicant or an | ny owner of t | | Question | | d | | | | | I N | |
| olicant or an | ny owner of t | | Question | | d | | | | | l N | |
| olicant or an | ny owner of t | | Question | | IX | | | | | T N | |
| y excluded | y owner of t | | - | n | | | | | Yes | | |
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| d loan from | ov owner of t | pation in t | this transaction b | ness owned or co | ntrolle | ent or agency, o | or presently is | ined a direct o | _ | | |
| licant or an | ny owner of t | the Applie | cant an owner of d describe the re | any other busine lationship on a se | ess, or h | have common sheet identifie | management ed as addendu | with, any otherm A. | , • | | |
| | | | | | Janua | ary 31, 2020 an | d April 3, 20 | 20? If yes, | | | |
| (5) or (6) ar | re answered | "Yes," th | se Ioan will not b | e approved. | | | | | | | |
| | | | - | | | | | | N | 0 | |
| ictment, crit in any juriso | minal inform diction, or pre | nation, arr | raignment, or oth nearcerated, or or | her means by whi n probation or pa | ch forn | | | et 🗆 | 1 | • | |
| ne last 5 yea victed; 2) p | ars, for any fe | elony, has | s the Applicant (| tere; 4) been plac | ed on p | pretrial diversi | Applicant 1) on; or 5) been | n 🗆 | [| | |
| re to confin | m your respo | onse to qu | uestion 6 → _ | ers | - | | | | | | |
| | | | residence for all | employees of the | e Appli | icant included | in the | | 1 | | |
| policant a fe | anchise that | is listed in | n the SBA's Fran | nchise Directory | , | | | | - | | |
| The state of the s | of yes, list: pplicant rectails on a s S) or (6) or plicant (if a ctment, crim any juriscre to confine last 5 years (2) plany form or to confir | If yes, list all such busi- pplicant received an SB tails on a separate shee S) or (6) are answered plicant (if an individual ctment, criminal inform any jurisdiction, or pr te to confirm your response least 5 years, for any f victed; 2) pleaded guilt any form of parole or te to confirm your response te to | If yes, list all such businesses an opplicant received an SBA Econotails on a separate sheet identifies. 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So or (6) are answered "Yes," the loan will not be approved. Question Plicant (if an individual) or any individual owning 20% or more of comment, criminal information, arraignment, or other means by which any jurisdiction, or presently incarcerated, or on probation or partie to confirm your response to question 5 — OFS et last 5 years, for any felony, has the Applicant (if an individual) any form of parole or probation (including probation before judging to confirm your response to question 6 — OFS ited States the principal place of residence for all employees of the dispayoral calculation above? | If yes, list all such businesses and describe the relationship on a separate opplicant received an SBA Economic Injury Disaster Loan between Januarials on a separate sheet identified as addendum B. So or (6) are answered "Yes," the loan will not be approved. 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We to confirm your response to question 5 — PS The last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicated; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion any form of parole or probation (including probation before judgment)? The to confirm your response to question 6 — PS The last States the principal place of residence for all employees of the Applicant included the payroll calculation above? | If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum pplicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 20 tails on a separate sheet identified as addendum B. So or (6) are answered "Yes," the loan will not be approved. Question Plicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subjectment, criminal information, arraignment, or other means by which formal criminal charges are nany jurisdiction, or presently incarcerated, or on probation or parole? We to confirm your response to question 5 — Price of the Applicant (if an individual) or any owner of the Applicant 1) victed; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been any form of parole or probation (including probation before judgment)? The to confirm your response to question 6 — Price of the Applicant included in the triangle of the States the principal place of residence for all employees of the Applicant included in the triangle of the spayroll calculation above? | If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A. Splicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, tails on a separate sheet identified as addendum B. Spor (6) are answered "Yes," the loan will not be approved. Question Ves Question Yes Plicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject etment, criminal information, arraignment, or other means by which formal criminal charges are nany jurisdiction, or presently incarcerated, or on probation or parole? The to confirm your response to question 5 — PS The last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) exicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been any form of parole or probation (including probation before judgment)? The to confirm your response to question 6 — PS The last 5 the principal place of residence for all employees of the Applicant included in the tris payroll calculation above? | pplicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, tails on a separate sheet identified as addendum B. So or (6) are answered "Yes," the loan will not be approved. Question Question Ves N plicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject etment, criminal information, arraignment, or other means by which formal criminal charges are any jurisdiction, or presently incarcerated, or on probation or parole? The to confirm your response to question 5 — Price (2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been any form of parole or probation (including probation before judgment)? The to confirm your response to question 6 — Price (2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been canny form of parole or probation (including probation before judgment)? The to confirm your response to question 6 — Price (3) pleaded in the principal place of residence for all employees of the Applicant included in the confirm your response to question 6 — Price (3) payroll calculation above? | |

U.S. v. Shibley CR20-174 JCC Government Exhibit No. 9 Admitted ______



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more
 than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13
 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was
 for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

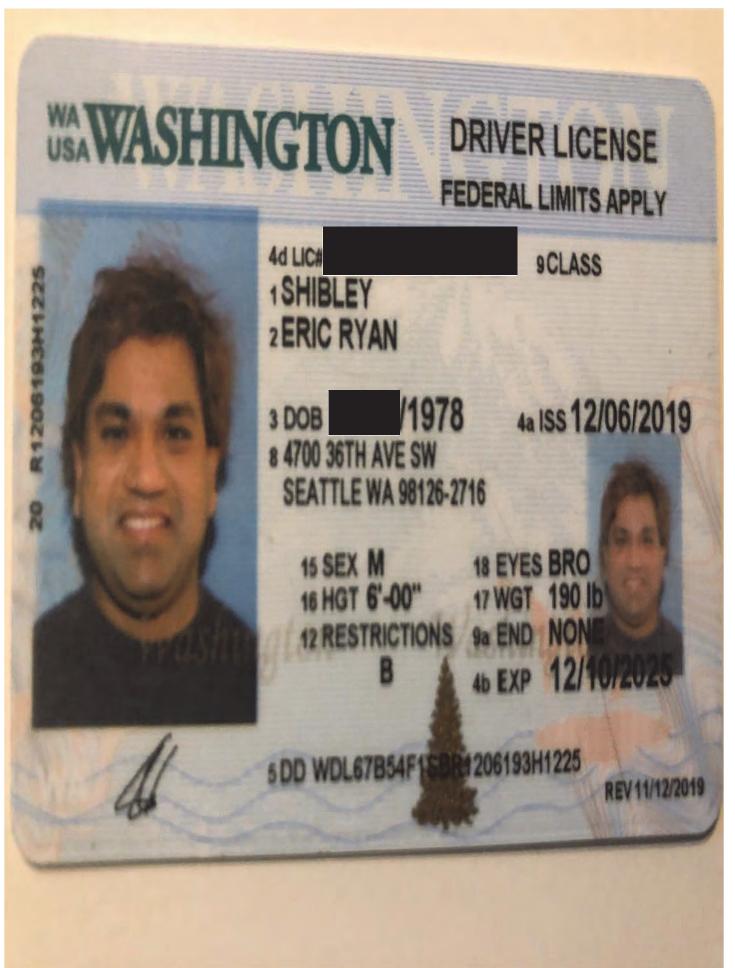
CERTIFICATIONS The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one: er The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC. er Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant. er The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud. er The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan. er I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs. er During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program. er I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. er I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews. 06/04/2020 Date Signature of Authorized Representative of Applicant Manager Eric R Shibley Title Print Name

2

| 1000 | to SBA Form 2483 | |
|--|---|--|
| I have the following | g affiliates: | |
| Eric R Shibley MD P The A team Holding SS1 LLC # 700 SFC LLC # 350 | 7088 gs LLC # 10000 | |
| ES1 LLC # 58 Dituri Construction | | |
| Borrower Certificat | tion: | |
| Applicant business | along with all affiliate husinesses do | not have more than 500 employees aggregate; |
| Or: | anong with an animate businesses do i | tot have more than 500 employees aggregate; |
| current SOP in force | along with all affiliate businesses do r as follows: "NW of the business of not more than | not exceed alternative size standards per the |
| 2) Average Ne businesses t | t Income after Federal Income Taxes (for the two fiscal years before the dat | excluding any carry-over losses) of the e of the application is not more than \$5M |
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| 211 | 5(6/2020 | CHIBLEY MEDICAL |
| Certified by: Authorized Signer | 5 (6 2020) SERVINGE AND STRAINS AND ANY MORE COLD | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric R. Shibley M.D. SHIBLEY MEDICAL ATOO SET AND SHIPLE WA. SHIPLE SHIPL |
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| certified by. | 10" 40" | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric R. Shibley M.A. 98126 A700 36TM AVE 6W. 98ATTLE WA. 208-939-4483 |
| certified by. | 10" 40" | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric |
| certified by. | 10" 40" | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric R. Shibley M.D. A 700 DAYM AVE 6W. DAYATLE WA. 200-230-4403 DECEMBER 200-230-430 PAX 200-230-4403 |
| certified by. | 10" 40" | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric R. Shibley M.D. A700 DETM AVE 6W. DEATTLE WA. 200-0330-0463 PROOFE: 200-0330-0429 FAX 200-0330-0463 |
| certified by. | 10" 40" | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric R. Shibley M.D. ATOO SETH AVE 6W. SEATTLE WA. 200-030-0403 ATOO SETH AVE 6W. 344 200-030-0403 ATOO SETH AVE 6W. 344 200-030-0403 |
| certified by. | 10" 40" | SHIBLEY MEDICAL Eric R. Shibley M.D. Eric R. Shibley M.D. ATOO SETH AVE 6W. SEATTLE WA. 200-0330-0463 ATOO SETH AVE 6W. SAX 200-0330-0463 |

| | | 8 5 0 | 8 | | is Quarter of 2020 | |
|--|---|--|------------------------------|--|--------------------------------------|-----|
| - | identification number (EN) | | | (Check one.) | day on March | ч |
| acres (* | not your trade name) Dituri Construction LI | C | | = | February, March | |
| rada n | ame (f any) | | 1 | 2: April, May | | 1 |
| | | | | | ust, September November, December | . 1 |
| ddress | 4700 36th Ave SW | Suite or room t | | Go to www.irs.g | ov/Form941 for | - 1 |
| | Seattle | WA | | instructions and | the latest information | - |
| | City | State ZIP code | | | | |
| | | Francis and | Total I | | | |
| | Foreign country name | Foreign province/county Foreign posts | | | | |
| - | separate instructions before you comple Answer these questions for this questions for this questions. | te Form 941. Type or print within the | DOXES. | | | |
| art 1: | Number of employees who received was | | the pay period | | | _ |
| i | ncluding: Mar. 12 (Quarter 1), June 12 (Q | uarter 2), Sept. 12 (Quarter 3), or De | c. 12 (Quarter 4) | 1 | 49 | |
| | Wages, tips, and other compensation | | | 2 | 784000 . | 00 |
| | | | | | 0. | 00 |
| 3 1 | Federal income tax withheld from wage | s, tips, and other compensation | | 3 | | 300 |
| 4 1 | f no wages, tips, and other compensati | on are subject to social security of | r Medicare tax | Chec | ck and go to line 6. | |
| | _ | Column 1 | Column 2 | | | |
| 5a 1 | Taxable social security wages | 784000 • 00 × 0.124 = | 97216 • | 00 | | |
| 5b 1 | Taxable social security tips | • × 0.124 = | | | | |
| 5c 1 | Taxable Medicare wages & tips | 784000 . 00 × 0.029 = | 22736 . | 00 | | |
| | | 754000 1 00 1 0 0000 - | | | | |
| | Taxable wages & tips subject to Additional Medicare Tax withholding | • × 0.009 = | | | | |
| | Taxable wages & tips subject to | • × 0.009 = | | 5e | 119952 • | 0 |
| 5e | Taxable wages & tips subject to Additional Medicare Tax withholding | * × 0.009 = | | | 119952 . | 0 |
| 5e | Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and | x 0.009 = d 5d | | 5e | | |
| 5e 1 | Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—T | x 0.009 = d 5d | | 5e | | |
| 5e 1 | Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—T Total taxes before adjustments. Add line | x 0.009 = d 5d | | 5e | 119952 • | |
| 5e 5f 6 7 8 | Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—T Total taxes before adjustments. Add lin Current quarter's adjustment for fraction | x 0.009 = d 5d | | 5e | 119952 • | 0 |
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| 56 56 7 8 8 9 110 111 112 | Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—Total taxes before adjustments. Add lin Current quarter's adjustment for fractic Current quarter's adjustment for sick particular quarter's adjustments for tips at Total taxes after adjustments. Combine Qualified small business payroll tax cred Total taxes after adjustments and cred | x 0.009 = d 5d | tructions) Attach Form 8974 | 5e 5f 6 7 8 9 10 11 12 12 | 119952 • | 0 |
| 56 56 56 56 56 56 56 56 56 56 56 56 56 5 | Taxable wages & tips subject to Additional Medicare Tax withholding Add Column 2 from lines 5a, 5b, 5c, and Section 3121(q) Notice and Demand—Total taxes before adjustments. Add lin Current quarter's adjustment for fractic Current quarter's adjustment for tips a Total taxes after adjustments. Combine Qualified small business payroll tax cred | x 0.009 = d 5d | Attach Form 8974 | 56 56 56 56 56 56 56 56 56 56 56 56 56 5 | 119952 • | 0 |
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|---|--|--|---|--|--|-----------------|
| e (not your trade name | 9 | | | | Employer identification number (EIN) 8508 | |
| uri Construction I | | | | | 8308 | |
| rt 2: Tell us ab | out your deposit | t schedule and ta | x liability for this quart | er. | Leader depositor one section 11 | |
| you are unsure at Pub. 15. 16 Check one: [| Line 12 on this incur a \$100,00 line 12 on this depositor, com- | s return is less than 00 next-day deposit | \$2,500 or line 12 on the reb obligation during the curren | um for th | ly schedule depositor, see section 11 se prior quarter was less than \$2,500, and yo . If line 12 for the prior quarter was less than \$2 your federal tax liability. If you are a monthly schedule depositor, attach Schedule B (Form 94) | schedu |
| [| You were a liability for the | monthly schedule e quarter, then go to | depositor for the entire | quarter | . Enter your tax liability for each month a | nd to |
| | Tax liability: | | | 00 | | |
| | | Month 2 | 59976 . | 00 | | |
| | | Month 3 | 0. | 00 | | |
| | Total liability f | for quarter | 119952 . | 00 Tot | al must equal line 12. | |
| 1 | Vou were a | samiwaakly sched | dule depositor for any poseekly Schedule Deposito | art of thi | is quarter. Complete Schedule B (Form 9 stach it to Form 941. | 941), |
| art 3: Tell us at | | | does NOT apply to you | | | |
| art 4: May we | speak with your | third-party desig | nee? | | | |
| for details. Yes. Desi | ignee's name and | phone number | arer, or another person to umber (PIN) to use when to | | this return with the IRS? See the instruction | ons |
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11/15/2020

New message from Fundbox

Fundbox

July 30, 2020

Dituri Construction LLC

Hi,

Thank you for submitting your application. Unfortunately, you are not eligible for funding through the SBA Paycheck Protection Program (PPP).

Specific reasons

For specific reasons about why your application was not approved, you can write to us within 60 days at the address below. We'll get back to you within 30 days of receiving your request.

Fundbox 268 Bush Street, # 2821 San Francisco, CA 94104 (855) 297-6947

Equal Credit Opportunity Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Fundbox is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Best regards,

The Fundbox Team

Copyright © 2020 Fundbox, All rights reserved.

RJIGB9N52D



OMB Control No.: 3245-0407 Expiration Date: 09/30/2020

| ☐ Independent☐ 501(c)(3) no | or Partnership contractor Eligh inprofit 501(c)(1 ess (sec. 31(b)(2)(C) | ole self-employed in 19) veterans organiz | dividual zation | | ī | DBA or Traden | ame if Applical | ble | |
|--|--|--|--------------------|---------|-----------------|-----------------|-----------------------------|----------|----------|
| | Business Legal Nar | me | | | | | | | |
| SS1 LLC | Business Address | | | | Business TIN | (FIN. SSN) | Rusina | ss Phone | |
| 1700 36th Ave SW, Seattle W | | | | | 7509 | | () | 38-4291 | |
| | | | | | Primary | | <u> </u> | Address | |
| | | | | | Eric Shibley | / | mrbatistelli | @gmail.d | com |
| Average Monthly Payroll: \$ | 328000 | x 2.5 + EIDL, No Advance (if Appl Equals Loan Re q | icable) | \$ 8 | 10000 | Number o | f Employees: | 41 | |
| Purpose of the loan | | | | | | | | | |
| (select more than one): | Payroll Leas | e / Mortgage Interes | st Utilities | | Other (explain) |): | | | |
| | | Applicant Owne | rship | | | | | | |
| Listall owners of 20% or more of t | the equity of the Ap | plicant. Attach a sep | arate sheet if ne | ecessai | ry. | | | | |
| Owner Name | | Title | Ownership % | TI | N (EIN, SSN) | | Address | | |
| Eric Shibley | Manag | Manager 100 | | | 5264 | 4700 36th Ave S | W Seattle WA 981 | 126 | |
| | | | | | | | | | |
| If questions (1) or (2) below | vare answered "Yes | | be approved. | - | | | | | |
| | 0.1 | Question | | | 10 11 | . 1 1 1: | | Yes | No |
| Is the Applicant or any ow voluntarily excluded from bankruptcy? | | | | | | | | | |
| Has the Applicant, any ow guaranteed loan from SBA caused a loss to the govern | A or any other Feder | | | | | | | | |
| Is the Applicantor any ow business? If yes, list all su | | | | | | | | | |
| Has the Applicant received provide details on a separar | | | an between Janu | ary 3 | 1, 2020 and A | pril 3, 2020? | If yes, | | |
| If questions (5) or (6) are an | swered "Yes," the l | oan will not be appr | roved. | | | | | | |
| 7. | | Question | | | | | Yes | No | |
| Is the Applicant (if an ind to an indictment, criminal brought in any jurisdiction | information, arraig | nment, or other mea | ns by which fo | rmal c | | | | Z | <u>י</u> |
| Initial here to confirm you | ur response to quest | tion $5 \rightarrow$ | ers | | | | | | |
| Within the last 5 years, fo been convicted; 2) pleade placed on any form of pa | ed guilty; 3) pleaded | nolo contendere; 4) | been placed or | n pretr | | | | Z | |
| Initial here to confirm you | ur response to quest | tion $6 \rightarrow$ | ers | | | | | | |
| 7. Is the United States the pr Applicant's payroll calcu | | dence for all employ | vees of the App | licant | included in the | | $ \overline{\mathbf{z}} $ | | |
| 8. Is the Applicant a franchi | se that is listed in the | eSBA's Franchise I | Directory? | | | | | Z |] |
| Form 2483 (04/20) CR20-1 | . Shibley 74 JCC | 1 | | | | | | | |

Government Exhibit No. 10 Admitted _____



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses bans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

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The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:

The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC. ers Current economic uncertainty makes this ban request necessary to support the ongoing operations of the Applicant. ers The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule; I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud. The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's ers payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan. ers I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs. During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another ers loan under the Paycheck Protection Program I further certify that the information provided in this application and the information provided in all supporting documents and ers forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, ers acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews. 06/06/2020 Signature of Authorized Representative of Applicant Date Eric R Shibley Manager Print Name Title



Paycheck Protection Program Borrower Application Form

Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and submitted to your SBA Participating Lender. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

Instructions for completing this form:

With respect to 'purpose of the loan,' payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, allowners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503.

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See. 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act requires SBA to register every loan made under the Paycheck Protection Actusing the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debaryou or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



Paycheck Protection Program Borrower Application Form

institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) — Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit ProtectionAct.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.

| 199 | A to SBA Form 2483 | |
|---|--|---|
| I have the followin | g affiliates: | |
| Eric R Shibley MD | | |
| | gs LLC # 7088 | |
| SS1 LLC # 70 SFC LLC # 35 | | |
| ES1 LLC # | 849 | |
| Dituri Construction | LLC # 8508 | |
| 6 | | |
| Borrower Certifica | tion: | |
| Applicant business, | along with all affiliate businesses do r | not have more than 500 employees aggregate; |
| Or: | | |
| Applicant business | along with all affiliate businesses do a | not exceed alternative size standards per the |
| current SOP in force | e as follows: | not exceed alternative size standards per the |
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| | livas of the positiess of not more than | 515M and |
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| Employer | identification number (EIN) | | 5 (| 9 | | ck one.) |
| Name (n | of your trade name) SS1 LLC | | | | □ 1: | : January, February, March |
| Trada no | ume (if any) | | | | 2 | : April, May, June |
| 11000 110 | | | | | 3 | : July, August, September |
| Address | 4700 36th Ave SW Number Street | | Suite or roo | om number | _ | October, November, December |
| | Seattle | WA | 981 | 126 | | www.irs.gov/Form941 for actions and the latest information. |
| | City | State | ZIP | oode | | |
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| | Foreign country name | Foreign province/county | | catal code | | |
| art 1: | separate instructions before you comp Answer these questions for this | | r print within t | the boxes. | - | |
| | umber of employees who received w | | ompensation | for the pay per | iod | |
| ine | cluding: Mar. 12 (Quarter 1), June 12 (| Quarter 2), Sept. 12 (Q | luarter 3), or l | Dec. 12 (Quarter | 4) 1 | 41 |
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| | | | | | . 3 | 0.0 |
| 3 Fe | ederal income tax withheld from wag | ges, tips, and other co | ompensation | | . 3 | _ |
| 4 If | no wages, tips, and other compense | | ocial security | | | Check and go to line 6. |
| | | Column 1 | ٦ ا | Column | | 1 |
| | exable social security wages | 538000 . | × 0.124 = | 6671 | | |
| | exable social security tips | 538000 • | × 0.124 = | 1560 | 2 . 00 | |
| | exable Medicare wages & tips | 338000 • | × 0.029 = | 1300. | . 00 | |
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| 5f Se | | | | | . 6 | 82314 . 0 |
| | otal taxes before adjustments. Add li | ines 3, 5e, and 5f | | | | |
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| | ry 2020) Department of the identification number (EIN) | 7 | 5 0 9 | | Repor (Check | t for this Quarter of 2020 | 1 |
|---|---|--|----------------------|---|---|--|-----|
| | not your trade name) SS1 LLC | | | | _ | anuary, February, March | 1 |
| Name (1 | or your trade name) Post 2000 | | | 51 1 | 2: A | pril, May, June | 1 |
| Trade n | ame (if any) | | | | 3: J | uly, August, September | 1 |
| Address | | | Suite or room number | | | October, November, December | |
| | Number Street | WA | 98126 | | instruct | nww.irs.gov/Form941 for ions and the latest information. | |
| | Seattle | State | ZIP code | | | | |
| | | | | | | | |
| | Foreign country name | Foreign province/county | Foreign poetal cod | | | | |
| | separate instructions before you comp Answer these questions for this | ete Form 941. Type or pri | nt within the box | xes. | | | |
| Part 1: | lumber of employees who received w | ages, tips, or other comp | ensation for the | e pay period | 1 - | 41 | - |
| k | ncluding: Mar. 12 (Quarter 1), June 12 (| Quarter 2), Sept. 12 (Quart | ter 3), or Dec. 12 | 2 (Quarter 4) | 1 1 | | |
| 2 V | Wages, tips, and other compensation | | | | 2 | 656,000 . | 00 |
| | ederal income tax withheld from wag | see tins and other comp | ensation | | 3 | 0. | 00 |
| | | | | | - | 7 | |
| 4 1 | f no wages, tips, and other compensa | | I security or M | edicare tax Column 2 | L | Check and go to line 6. | |
| | | 656000 . 00 x | 0.124 = | 81344 | . 00 | | |
| | Taxable social security wages | | 0.124 = | | | | |
| | Taxable social security tips | | 0.029 = | 1885 | . 00 | | |
| - | Taxable Medicare wages & tips Taxable wages & tips subject to | | | | | | |
| | Additional Medicare Tax withholding | . , | 0.009 = | | • | | |
| 5e / | Add Column 2 from lines 5a, 5b, 5c, a | nd 5d | | | . 5e | 83229 . | 00 |
| | Section 3121(q) Notice and Demand- | Tax due on unreported t | ips (see Instruct | tions) . | . 5f | | |
| 5f : | | | | | . 6 | 83229. | 00 |
| | Total taxes before adjustments. Add I | ines 3, 5e, and 5f | | | | | |
| 6 | Total taxes before adjustments. Add I | | | | . 7 | | |
| 6 7 | | tions of cents | | | . 7 | | |
| 6 7 8 | Current quarter's adjustment for frac Current quarter's adjustment for sick | pay | | | . 7 | | |
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| 6 1 8 9 10 11 12 12 12 12 12 12 12 12 12 12 12 12 | Current quarter's adjustment for frac Current quarter's adjustments for tips Current quarter's adjustments. Combin Total taxes after adjustments. Combin Qualified small business payroll tax cre Total taxes after adjustments and cre | pay | n activities. Atta | ch Form 897 | . 7 8 . 9 . 10 4 11 . 12 ad | 83229 . | 00 |
| 6 7 8 9 10 11 12 13 | Current quarter's adjustment for frac Current quarter's adjustment for sick Current quarter's adjustments for tips Total taxes after adjustments. Combin Qualified small business payroll tax cre Total taxes after adjustments and cre Total deposits for this quarter, inclu- overpayments applied from Form 941-X, 5 | pay | n activities. Atta | ch Form 897- quarter ar urrent quarte | . 7 . 8 . 9 . 10 4 11 . 12 13 13 | 83229. | 000 |
| 6 7 8 9 10 11 12 13 14 | Current quarter's adjustment for frac Current quarter's adjustment for sick Current quarter's adjustments for tips Total taxes after adjustments. Combin Qualified small business payroll tax cre Total taxes after adjustments and cre Total deposits for this quarter, inclu- overpayments applied from Form 941-X, 5 Balance due. If line 12 is more than line | and group-term life insur- ne lines 6 through 9 dit for increasing research dits. Subtract line 11 from ding overpayment applied M1-X (PR), 944-X, or 944-X (e. | n activities. Atta | ch Form 897- quarter ar urrent quarte | . 7 8 . 9 . 10 4 11 . 12 1d r 13 . 14 | 83229. | 00 |
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| (not your trade name) LLC | | | | | | 7509 |
| 2- Tall us abo | out your deposit | schedule and | tax liability for this qua | rter. | | |
| ou are unsure ab | out whether you | are a monthly | schedule depositor or a | semiweekly sch | edule depositor, | see section 11 |
| Pub. 15. | | | | to the prior | quarter was less | than \$2,500, and you didn't |
| 6 Check one: | incur a \$100,00 | 00 next-day depor | sit obligation during the curr | second of ways fo | doral tay liability. If | you are a monthly schedule |
| | depositor, comp | plete the deposit s | or more, you must provide a schedule below; if you are a se | miweekly schedule | depositor, attach 8 | Schedule B (Form 941). Go to |
| - | Part 3. | monthly schark | ule depositor for the enti- | re guarter. Ente | your tax liability | for each month and total |
| Ŀ | liability for the | quarter, then g | to to Part 3. | | | |
| | Tax liability: | Month 1 | 41614. | 50 | | |
| | Tax masmy. | | 41614 | 50 | | |
| | | Month 2 | 41614 • | 50 | | |
| | | Month 3 | | | | |
| | Total liability f | or quarter | 83229 • | | st equal line 12. | |
| Γ | 7 Van ware a | samiwaakly so | hedule depositor for any | part of this qua | rter. Complete S | ichedule B (Form 941), |
| | Report of Tax | k Liability for Ser | miweekly Schedule Deposi | tors, and attach | t to Porni 941. | |
| rt 3: Tell us ab | out your busine | ess. If a questi | on does NOT apply to yo | our business, k | ave it blank. | |
| 7 If your busine | ss has closed or | you stopped p | aying wages | | | Check here, and |
| | | | 7 | | | |
| | date you paid way | | | | the year | Check here. |
| | | | t have to file a return for e | very quarter or | trie year | |
| rt 4: May we s | speak with your | third-party de | signee? | | | |
| Do wow wont t | | | | to discuss this s | ature with the IDS | 22 See the instructions |
| | o allow an employ | ree, a paid tax p | reparer, or another person | to discuss this r | eturn with the IRS | 9? See the instructions |
| for details. | | | reparer, or another person | to discuss this r | eturn with the IRS | ? See the instructions |
| for details. Yes. Desi | gnee's name and | phone number | | | | 3? See the Instructions |
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| Kind of Payer (Check one) | Hishlid. Medicare | Kind of Static/local non-501c Static | e/local 501c Federal govt. | sick pay (Check if applicable) | | | |
| c Total number of Forms | W-2 d Establishment number | er 1 Wages, tips, other compensation 53800 | 2 Federal income tax withheld | | | | |
| e Employer Identification | number (EIN) 7509 | 3 Social security wages 53800 | | | | | |
| f Employer's name | LOGS | 5 Medicare wages and tips | 6 Medicare tax withheld | 1560 | | | |
| SS1 LLC | | 7 Social security tips | 8 Allocated tips | | | | |
| | | 9 | 10 Dependent care benefits | | | | |
| 4700 36th Ave SW Seattle WA | | 11 Nonqualified plans | 12a Deferred compensation | 12a Deferred compensation | | | |
| g Employer's address and h Other EIN used this ye | | 13 For third-party sick pay use only 12b | | | | | |
| | tate ID number | 14 Income tax withheld by payer of thin | d-party sick pay | | | | |
| | 604.183.433 | | 19 Local income tax | | | | |
| 15 State Employer's s WA 16 State wages, tips, etc | 604-183-433 . 17 State income tax | 18 Local wages, tips, etc. | 0 | | | | |
| WA 16 State wages, tips, etc Employer's contact per | . 17 State income tax | | | | | | |
| WA 16 State wages, tips, etc Employer's contact per Eric R Shibley | . 17 State income tax | employer's telephone number | 0 | | | | |
| WA 16 State wages, tips, etc Employer's contact per Eric R Shibley Employer's fax numbe | 17 State income tax | 0 Employer's telephone number 206-938-4291 | 0 For Official Use Only | | | | |

Form W-3 Transmittal of Wage and Tax

2019

Department of the Treasury Internal Revenue Service

Statements

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2019 General Instructions for Forms W-2 and W-3 for Information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two

- e-filing options on its Business Services Online (BSO) website.
- W-2 Online. Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload. Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted

by January 31, 2020. For more information, go to www.SSA.gov/bso. First time filers, select "Register"; returning filers select "Login."

Form W-9

Request for Taxpayer

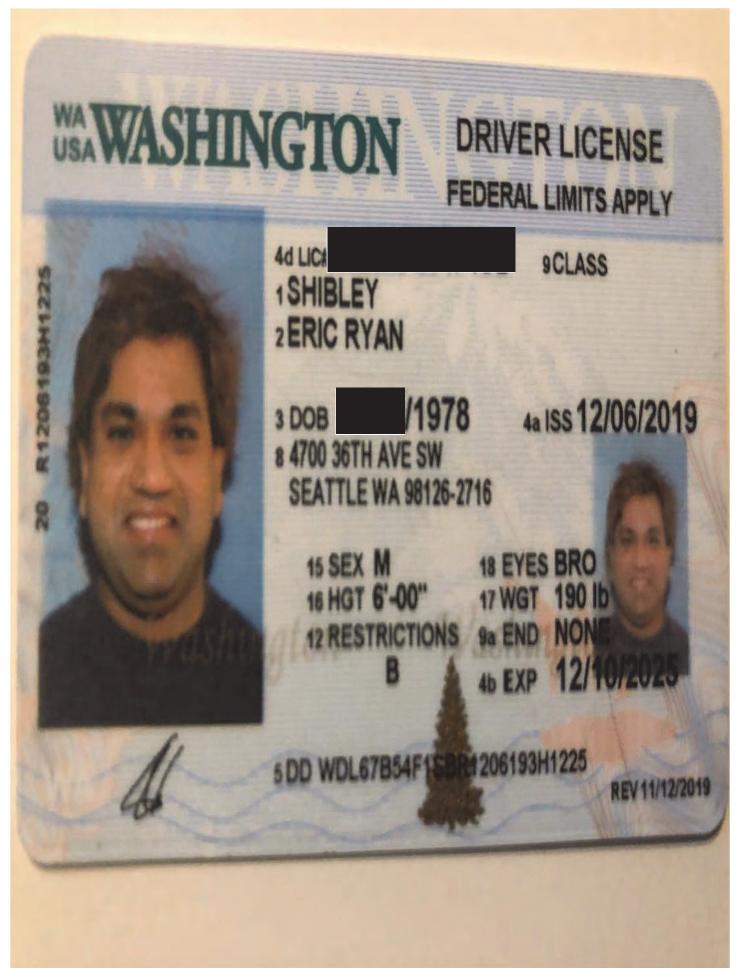
Give Form to the

| Departr | Actober 2018) ment of the Treasury | identification Num | | | | send to | | | | |
|-------------------------------------|--|--|---|-------------------------------------|-------------------------------|--------------------------------|---|-------------|--|--|
| temal | Revenue Service | ► Go to www.irs.gov/FormW9 for it | | information. | | | - | | | |
| | | our income tax return). Name is required on this line; | do not leave this line blank, | | | | | | | |
| | Eric R Shibley | | | | | | | | | |
| | 2 Business rame/disreg | arded entity name. If different from above | | | | | | | | |
| | SSI LLC | | | | | | | | | |
| раде 3. | following seven boxes. | | | | | | 4 Exemptions (codes apply only certain entities, not individuals; a instructions on page 3t | | | |
| Print or type. c Instructions on | Individual/sole proc single-member LL0 | Exempt payee code (if any) | | | | | | | | |
| Specific Instructions on page | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) > S Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | | | Examption from FATCA reporting | | | | |
| 8 | Other (see instruct) | 4 (and | | | ecount management states by I | | | | | |
| S | 5 Address (number, stre | et, and apt, or suite no.) See instructions. | Ri | Requester's name and add | | | | | | |
| 8 | 4700 36th ave SW | | | | | | | | | |
| 2 | 6 City, state, and ZIP co | de | | | | | | | | |
| | Seattle WA 98126 | | | | | | | | | |
| - | | hear facilities | | | | | | | | |
| | 7 List account number(s) | more jugitional | | | | | | | | |
| | | | | | | | | | | |
| art | Taxpayer | Identification Number (TIN) | | | | | | | | |
| ter y | your TIN in the appropr | riste box. The TiN provided must match the na | ime given on line 1 to avoid | Social sec | curity numb | 100 | | | | |
| ckus | o withholding. For indi- | riduals, this is generally your social security no | imber (SSN). However, for a | a | | | 1 | - | | |
| Hoer | nt alien, sole proprietor | or disregarded entity, see the instructions for sentification number (EIN). If you do not have a | Part I, later. For other | | - | - | | | | |
| , lat | ter. | securios romos (End) a you do not rase a | number, see now to get a | or | | | - | _ | | |
| | | re than one name, see the instructions for line | Alex enn Mhat Massa sous | | Identificati | on number | _ | - | | |
| mbe | er To Give the Request | er for guidelines on whose number to enter. | 1. Puso see virial realine disc | Emproyer | () | T-ST | 7 | _ | | |
| | | and the second second second | | | - 1 | 7 5 | 0 | 9 | | |
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| art | Certification | on | | | | | | | | |
| der | penalties of perjury, I o | certify that: | | | | | | | | |
| I am Serv | not subject to backup | form is my correct taxpayer identification nun withholding because: (a) I am exempt from b ject to backup withholding as a result of a fair p withholding; and | ackup withholding, or (b) I h | save not been or | otified by | the Interna | al Rever | nue et 1 | | |
| am | a U.S. citizen or other | U.S. person (defined below); and | | | | | | | | |
| | | d on this form (if any) indicating that I am exen | ont from EATEA assertion to | | | | | | | |
| u hav | ve failed to report all inte tion or abandonment of | u must cross out item 2 above if you have been west and dydgeds on your tax return. For real e secured property, cancellation of debt, contribute, you are not required to sign the certification. | notified by the IRS that you a state transactions, item 2 do tions to an individual retirem | re currently subject not apply. For | mortgage (IRA), and | interest p | aid, | nto. | | |
| gn ere | Signature of U.S. person > | | Date | . 5/1 | 120 | 20 | | | | |
| | eral Instruc | | Form 1099-DIV (divide funds) | ands, including | those fron | n stocks or | r mutua | al | | |
| ed. | | Internal Revenue Code unless otherwise | Form 1099-MISC (vari proceeds) | ious types of inc | come, priz | es, award | s, or gr | os | | |
| sted | to Form W-9 and its in | te latest information about developments instructions, such as legislation enacted to www.irs.com/formit/9 | Form 1099-B (stock of transactions by brokers | | ales and o | ertain other | DF. | | | |
| | | to www.irs.gov/FormW9. | Form 1099-S (proceed) | ds from real esta | até transa | ctions) | | | | |
| irp | ose of Form | | • Form 1099-K (mercha | nt card and thin | d party ne | twork tran | saction | 15) | | |
| erma | ation return with the IR: | N-9 requester) who is required to file an S must obtain your correct taxpayer | Form 1098 (home mor 1098-T (tuition) | | 1098-E (s | tudent loa | in Intere | HST | | |
| | | nich may be your social security number ntification number (ITIN), adoption | * Form 1099-C (cancele | d debt) | | | | | | |
| | | r (ATIN), or employer identification number | * Form 1099-A (acquisit) | ion or abandonn | ment of so | cured prop | party) | | | |
| i), to ount | o report on an informat t reportable on an infor | ion return the amount paid to you, or other mation return, Examples of information | Use Form W-9 only if allen), to provide your or | you are a U.S. | | | | 1 | | |
| | include, but are not lin 1099-INT (interest ear | and the set of the set | If you do not return Fo be subject to backup wi later. | | | | | | | |

Cat. No. 10231X

Form W-9 (Rev. 10-2018)





11/15/2020

New message from Fundbox

Fundbox

July 30, 2020 SS1 LLC

Hi,

Thank you for submitting your application. Unfortunately, you are not eligible for funding through the SBA Paycheck Protection Program (PPP).

Specific reasons

For specific reasons about why your application was not approved, you can write to us within 60 days at the address below. We'll get back to you within 30 days of receiving your request.

Fundbox 268 Bush Street, # 2821 San Francisco, CA 94104 (855) 297-6947

Equal Credit Opportunity Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Fundbox is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Best regards,

The Fundbox Team

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